

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90040 029 ***150.00

DOCUMENT # P99000014702

1. Entity Name

AHEARN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
616 N. CARROLLTON AVE NEW ORLEANS, LA 70119	616 N. CARROLLTON AVE. NEW ORLEANS, LA 70119

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
72-1452883	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
----------------------------------	--------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	j	Delete
NAME	MATTHEW M. AHEARN		
STREET ADDRESS	616 N. CARROLLTON AVE.		
CITY - ST - ZIP	NEW ORLEANS, LA 70119		

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE		j	Delete
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

TITLE		j	Change	j	Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #