

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036931

1. Entity Name  
**A PLUS BUILDERS, INC.**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90057 006 \*\*\*150.00

Principal Place of Business <b>3000 N. OCEAN DRIVE #12D SINGER ISLAND FL 33404</b>	Mailing Address <b>3000 N. OCEAN DRIVE #12D SINGER ISLAND FL 33404</b>
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2. Principal Place of Business <b>3000 N. Ocean Dr. #12D</b>	3. Mailing Address <b>3000 N. Ocean Dr.</b>
Suite, Apt. #, etc. <b># 6G</b>	Suite, Apt. #, etc. <b># 6G</b>
City & State <b>Singer Island, FL</b>	City & State <b>Singer Island, FL</b>
Zip <b>33404</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0829652</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WRIGHT, FLOYD 3000 N. OCEAN DRIVE #12D → 6G SINGER ISLAND FL 33404</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POIRIER, WILFRID</b> <b>3 BALLARD VIEW CIRCLE</b> <b>DERRY NH 03038</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Poirier, Wilfrid</b> <b>79 Meadow Rd.</b> <b>Bedford, NH 03110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POIRIER, PRISCILLA</b> <b>3 BALLARD VIEW CIRCLE</b> <b>DERRY NH 03038</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Poirier, Priscilla</b> <b>79 Meadow Rd.</b> <b>Bedford, NH 03110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, FLOYD</b> <b>3000 N. OCEAN DRIVE #12D</b> <b>SINGER ISLAND FL 33404</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wright, Floyd</b> <b>3000 N. Ocean Dr. # 6G</b> <b>Singer Island, FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: \_\_\_\_\_ Date **4/25/01** Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)