

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90156 027 ***150.00

DOCUMENT # 224889

1. Entity Name
AMERICAN COLONIAL BUILDERS INC

Principal Place of Business Mailing Address
101 E. KENNEDY BLVD. #1000 BARNETT PLZ. 101 E. KENNEDY BLVD. #1000 BARNETT PLZ.
P.O.BOX 1363 P.O.BOX 1363
TAMPA FL 33601 TAMPA FL 33601

2. Principal Place of Business 3. Mailing Address
One South Gulfview Dr One South Gulfview Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Englewood, Florida Englewood, Florida
 Zip Country Zip Country
34233 USA 34233 USA

4. FEI Number **59-0912339** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD. STE. 1000
P.O. BOX 1363
TAMPA FL 33601

7. Name and Address of New Registered Agent

Name **George R. Thompson, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
One South Gulfview Dr.
 City **Englewood** FL Zip Code **34233**

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 **GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P.A.**
 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, G JR	
STREET ADDRESS	1 SO GOLFVIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, ANDREW M.	
STREET ADDRESS	1 SO GOLFVIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NELSON, ANNE SCOTT THO	
STREET ADDRESS	1 SO GOLFVIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34232	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MILLER, BRADFORD E	
STREET ADDRESS	101 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **George R. Thompson, Jr.** 3/15/02 9/74-5528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)