2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 445212

1. Entity Name

Principal Place of Business

SIGNATURE: **1**

A-1 CONSTRUCTION CO. INC. BUILDING CONTRACTORS

440 S MARKET AVE FT PIERCE FL 34982			440 S MARKET AVE FT PIERCE FL 34982-6667									
• 6:	Discourage Paragraphic		O Malling Address									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			İ		 	IO HOI DION CION			
								DO NOT WE	RITE IN THIS S	PACE		
· City & Stat	le		City & State			4.	FEI Number	59-15206	18		oplied For	
Zip	Cour	etry	Zip	Cour	ntry	5. C		i. Certificate of Status Desired		8.75 Ad	75 Additional Required	
	6. Name and Ad	Idress of Current Re	gistered Agent	L		7.	Name and A	Address of New				
					Name	•						
SAULS (RICHARD M.) ROUTE 4, BOX 223 OKEECHOBEE FL					Street Address	s (P.O. E	(P.O. Box Number is Not Acceptable)					
					City				FL	Zip Coc	le .	
8. The above	 named entity submit	s this statement for th	e purpose of changing its	register	ed office or regis	tered ag	ent, or both	, in the State of F	lorida.			
	,		, .	·	-	-						
SIGNATURE .	Signature, typed or printed	name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signature requi	ired when r	einstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After MAY 1, 20 Make Check Payal								tion Campaign F t Fund Contribut)0 May Be d to Fees	
11.	***	OFFICERS AND DIF	RECTORS	12.		ΑC	DITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLACK (LARRY I 14300 ORANGE FORT PIERCE FI	AVE	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete BLACK (PHILIP D.) 4479 S 25TH STREET FORT PIERCE FL									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BĽACK, LARRY E 2407 MELON CO FT PIERCE FL		, Deleta	NAM STRI	-		- *- -			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the second se		□ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI	E	,	· · · · · ·		.,,	Change	Addition	
13. I hereby of indicated of the core	I on this report or sup rporation or the receiv	plemental report is tru ver or trustee empowe	is filing does not qualify four and accurate and that report to execute this report all other like empowered	r the exemy signal as requi	mption stated in ture shall have th	ne same	legal effect	as if made unde	r oath: that I a	m an officei	r or director - I	

ARRY M. BIACK 2-16-2000 561-465-6-730

Date Daytime Phone #

FILED

Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90016 006 ***150.00