

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90071 029 \*\*\*150.00

**DOCUMENT # 461139**

1. Entity Name

**ALLIED BUILDERS OF ORLANDO, INCORPORATED**

Principal Place of Business

Mailing Address

ISLAND, FLA  
N. COURTNEY PARKWAY  
ISLAND FL 32953

5450 JUDSON RD.  
MERRITT ISLAND FL 32953-7316

2. Principal Place of Business

3. Mailing Address

5450 JUDSON RD

5450 JUDSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island FL

MERRITT Island, FL

Zip

Country

32953

Bravard

Zip

Country

32953

USA

4. FEI Number 59-2987992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLCI, FRANK

5450 JUDSON RD.

MERRITT ISLAND FL 32953

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 FRANK J. DOLCI

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

JAN 5, 2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV  
NAME DOLCI, DAN Q.  
STREET ADDRESS 8612 BLACK MESA DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PDC  
NAME DOLCI, FRANK J.  
STREET ADDRESS 5450 JUDSON ROAD  
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE SD  
NAME VANDERWALKER, GENA  
STREET ADDRESS 1018 SOLDIER CREEK CT  
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 5, 2000 407 452-6856

CR2F034 (9/99)