## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State F00000004134 DOCUMENT # 1. Entity Name 05-19-2002 90064 045 \*\*\*150.00 ASTON CONSTRUCTION CORP. Mailing Address Principal Place of Business 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3659321 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent Name and Address of Current Registered Agent **HUTCHINSON, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 SUN CITY CENTER FL 33573 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Delete TITLE TITLE Harrison, Thomas NAME PALANT, CHARLES NAME 137 5 Pebble Beach BlvD STE 101 STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 STREET ADDRESS Sun city Center Fl 33573 CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP **Addition** Change X Delete TITLE TITLE CE<sub>0</sub> Angenenat, Harry E. Jr NAME MYERS, RON 137 5 Rebble Beach Blud STE 101 NAME STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 STREET ADDRESS sun City Center FL 33673 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL-33573 ☐ Addition TITLE ☐ Delete TITLE VST NAME NAME **HUTCHINSON, RICHARD** STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOFFMAN, MATTHEW P STREET ADDRESS STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change ☐ Addition M Delete TITLE TITLE NAME NAME **BOBBITT, JACALYN** STREET ADDRESS STREET ADDRESS 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 CITY-ST-ZIP CITY-ST-ZIP **SUN CITY CENTER FL 33573** $\overline{q}$ Change Addition TITLE ACKERMAN, DON E NAME 137 SOUTH PEBBLE BEACH BLVD., SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SUN CITY CENTER FL 33573** 13. I hereby certify that the information supplied with this filling 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 acceptate 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 our discrete 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 SIGNATURE AND TYPED OF PRINTED NAME OF

Daytime Phone #

CR2E034 (9/01)

FILED