

2003**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 008 ***150.00

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| DOCUMENT # F82131 | | | |
| 1. Entity Name ABERCROMBIE CONSTRUCTION, INC. | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 6702 HWY 98 WEST Suite, Apt. #, etc. | | 3. Mailing Address 6702 HWY 98 WEST Suite, Apt. #, etc. | |
| City & State PENSACOLA FL | | City & State PENSACOLA FL | |
| Zip 32506 | Country | Zip 32506 | Country |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 59-2195371 | |
| DO NOT WRITE IN THIS SPACE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent Name ABERCROMBIE, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 6702 HWY 98 WEST City PENSACOLA FL Zip Code 32506 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ABERCROMBIE, WILLIAM L 204 ARABIAN DR PENSACOLA FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ABERCROMBIE, DEBRA H 204 ARABIAN DR PENSACOLA FL | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 12. 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 10 or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>William L Abercrombie</i> | | Date 4-25-03 | Daytime Phone # 850 453-5461 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034B (12/02)