

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001691

1. Entity Name  
ASPLUNDH CONSTRUCTION, CORP.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90003 037 \*\*\*150.00

Principal Place of Business  
1685 N. FLORIDA MANGO  
WEST PALM BEACH FL 33409

Mailing Address  
1685 N. FLORIDA MANGO  
WEST PALM BEACH FL 33409-5211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
93 Sills Road  
Suite, Apt. #, etc.  
City & State  
Yaphank NY  
Zip  
11980  
Country  
Suffolk

4. FEI Number 11-2536791  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

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

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	ASPLUNDH, CARL H JR	
STREET ADDRESS	2670 SUGAN RD.	
CITY-ST-ZIP	SOLEBURY PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	DWYER, JOSEPH P	
STREET ADDRESS	419 SHOEMAKER WAY	
CITY-ST-ZIP	LANSDALE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASPLUNDH, BARR E	
STREET ADDRESS	BOX 1568-SKIPPAK PK.	
CITY-ST-ZIP	FORT WASHINGTON PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASPLUNDH, BRENT D	
STREET ADDRESS	900 GLADESTRY LN.	
CITY-ST-ZIP	LOWER GWYNEDD PA	
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	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott M. Asplundh	
STREET ADDRESS	1222 Forest Hill Drive	
CITY-ST-ZIP	Lower Gwynedd, PA 19002	
TITLE	Vice President corp.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank V Giordano	
STREET ADDRESS	8 Valley Court	
CITY-ST-ZIP	Holtsville, NY 11742	
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
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 of Scott M. Asplundh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

631 205 9340

CR2E034 (9/99)