

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90021 018 ***150.00

DOCUMENT # H02976

1. Entity Name

ALL BUILDING CONSTRUCTION, INC.

Principal Place of Business

% MICHAEL JOHN NOWOGROCKI
P.O. BOX 1297 32131 HICKORY LANE
SORRENTO FL 32776

Mailing Address

% MICHAEL JOHN NOWOGROCKI
P.O. BOX 1297 32131 HICKORY LANE
SORRENTO FL 32776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2414220**

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

NOWOGROCKI, MICHAEL JOHN
32131 HICKORY LANE
PO BOX 1297
SORRENTO FL 32776

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PDC	<input type="checkbox"/> Delete
NAME	NOWOGROCKI, MICHAEL	
STREET ADDRESS	32131 HICKORY LANE	
CITY-ST-ZIP	SORRENTO FL	
TITLE	VDI	<input type="checkbox"/> Delete
NAME	NOWOGROCKI, ANALESSA J.	
STREET ADDRESS	32131 HICKORY LANE	
CITY-ST-ZIP	SORRENTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHAEL NOWOGROCKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 302 383-3105

Date

Daytime Phone #

CR2E034 (10/00)