

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J53934**

1. Entity Name

A.T. & F. CONSTRUCTION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90024 033 ***150.00

Principal Place of Business 9500 SHORT LEAF CT. APOPKA FL 32703	Mailing Address 9500 SHORT LEAF CT. APOPKA FL 32703-1868
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DO NOT WRITE IN THIS SPACE

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 59-2776940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAUTSCH, ALAN J.
4750 MALIC CRES
APOPKA FL 32810**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP <input type="checkbox"/> Delete
NAME	TRAUTSCH, ALFRED
STREET ADDRESS	9500 SHORT LEAF CT.
CITY-ST-ZIP	APOPKA FL
TITLE	VT <input type="checkbox"/> Delete
NAME	TRAUTSCH, ALAN, J
STREET ADDRESS	4570 MALIK CRESENT
CITY-ST-ZIP	ORLANDO FL
TITLE	T <input type="checkbox"/> Delete
NAME	TRAUTSCH, MATTHEW
STREET ADDRESS	9500 SHORLEAF CT
CITY-ST-ZIP	APOPKA FL 32703
TITLE	S <input type="checkbox"/> Delete
NAME	TRAUTSCH, PATRICIA
STREET ADDRESS	9500 SHORLEAF CT
CITY-ST-ZIP	APOPKA FL 32703
TITLE	T <input type="checkbox"/> Delete
NAME	TRARTSCH, PAMELA
STREET ADDRESS	4570 MALIK CRESENT
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Patricia Trautsch* **3-27-00** **407-290-9627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)