**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # K94076 1. Entity Name ADVANCED GENERAL CONTRACTING, INC. 04-30-2002 90154 004 \*\*\*150.00 Principal Place of Business Mailing Address % BART J. DE ROSSO 13660 CHINA BERRY WAY 12165 METRO PKWY, LINIT 24-B FT. MYERS FL 33908 FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address 9811 CAPSTAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 59-2960164 MVERS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE ROSSO, BART J. Street Address (P.O. Box Number is Not Acceptable) 13660 CHINA BERRY WAY FT. MYERS FL 33908 CAPSTAN 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE 🗶 Change Addition DE ROSSO, BART J. DE KOSSO, BART J 9811 CAPSTAN CT NAME NAME STREET ADDRESS 13660 CHINA BERRY WAY STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

SIGNATUR

SIGNATURE AN

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ų

941-691-5900

Daytime Phone #