

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90718 045 ****61.25

DOCUMENT # N27351

1. Entity Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5580 N PENSACOLA BLVD.
 PENSACOLA FL 32505
 US

5580 N PENSACOLA BLVD.
 PENSACOLA FL 32505
 US

2. Principal Place of Business

1532 Silver Ridge Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, Florida

City & State

Cantonment

4. FEI Number

59-2911963

Applied For

Not Applicable

Zip

Country

32533

Zip

Country

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

STROEHL, JAMIE

**5580 N PENSACOLA BLVD.
 PENSACOLA FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

1532 Silver Ridge Drive

City

Cantonment

FL

Zip Code

32533

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

Jamie Stroehl

**Jamie Stroehl
 Chapter Administrator**

4-29-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MOORE, DON**
 STREET ADDRESS **1441 FAIRCHILD STREET**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete
 NAME **WATTERS, WOODY**
 STREET ADDRESS **3901 N PALAFOX STREET**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **President** ☒ Change ☐ Addition
 NAME **Todd Albord**
 STREET ADDRESS **PMB 321/40W Nwe mile Rd #2**
 CITY-ST-ZIP **Pensacola Florida 32534**

TITLE **V** ☐ Delete
 NAME **CROTTIS, BILL**
 STREET ADDRESS **3605 N DAVIS HWY**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Doug Tait**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **Same**

TITLE **S** ☐ Delete
 NAME **ATCHISON, MISSY**
 STREET ADDRESS **900 INDUSTRIAL CT**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **X** ☐ Delete
 NAME **HARRIS, PHIL**
 STREET ADDRESS **6665 CHUMUCKLA HWY**
 CITY-ST-ZIP **DACE FL 32571**

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Phil Harris**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **Pace, FL**

TITLE **D** ☐ Delete
 NAME **BRADLEY, JIMMY**
 STREET ADDRESS **3280 WEST SCOTT STREET**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Kimberley Taghon**
 STREET ADDRESS **3155 Gateway Lane**
 CITY-ST-ZIP **Cantonment, Florida 32533**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Todd Albord

4-29-02

(850) 490-9821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)