

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90632 034 \*\*\*\*61.25

**DOCUMENT # N33056**

1. Entity Name

**AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**4509 GEORGE RD.  
 TAMPA FL 33634  
 US**

**4509 GEORGE RD.  
 TAMPA FL 33634  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2710473**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERM, CECILY  
 4509 GEORGE RD  
 TAMPA FL 33634**

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

**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	PPD	<input type="checkbox"/> Delete
NAME	DOYLE, GREG	
STREET ADDRESS	6251 44TH ST N #1921	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILDE, JACK	
STREET ADDRESS	12600 AUTOMOBILE ROAD	
CITY-ST-ZIP	TAMPA FL-33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, ROBERT	
STREET ADDRESS	3861 EDWARDS ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON, GAY	
STREET ADDRESS	P.O. BOX 823	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUTKA, PAUL	
STREET ADDRESS	1540 ABER ROAD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
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		

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:

*Robert L. Thomas, Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_ Daytime Phone #: **239-694-2700**

CR2E037 (9/01)