

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N33056

FILED  
Mar 10, 2003  
Secretary of State

Entity Name: AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

4125 PECAN BRANCH ROAD  
TALLAHASSEE, FL 323095558 US

**New Principal Place of Business:**

**Current Mailing Address:**

4125 PECAN BRANCH ROAD  
TALLAHASSEE, FL 323095558 US

**New Mailing Address:**

FEI Number: 30-0131892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWSON, DEBORAH E  
4125 PECAN BRANCH RD.  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PPD ( ) Delete  
Name: DOYLE, GREG  
Address: 6251 44TH ST N #1921  
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete  
Name: WILDE, JACK  
Address: 12600 AUTOMOBILE ROAD  
City-St-Zip: TAMPA, FL 33762

Title: PD ( ) Delete  
Name: THOMAS, ROBERT  
Address: 3861 EDWARDS ST  
City-St-Zip: FT MYERS, FL 33916

Title: SD ( ) Delete  
Name: THOMPSON, GAY  
Address: P.O. BOX 823  
City-St-Zip: FORT MYERS, FL 33902

Title: TD ( ) Delete  
Name: LUTKA, PAUL  
Address: 1540 ABER ROAD  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG DOYLE

PRES

03/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date