

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003795

1. Entity Name

THE AMERICAN SPECIALTY CONTRACTORS OF FLORIDA, I

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90130 034 ****61.25

Principal Place of Business

1351 RAIL HEAD BLVD
STE 1
NAPLES FL 34110

Mailing Address

1351 RAIL HEAD BLVD
STE 1
NAPLES FL 34110

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

59-3455621

Applied For

Not Applicable

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

JOHANSON
JOHANSON, KENT A
3541 BONITA BAY BLVD
STE 100
BONITA SPRINGS FL 34134

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 PD
NAME HAYES, GARY
STREET ADDRESS 299 AIRPORT RD N
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE VD
NAME BEAUCHAMP, ERIC
STREET ADDRESS 3584 PROGRESS AVE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE VPD
NAME BAILIE, KATHY
STREET ADDRESS P.O. BOX 9140 N/A
CITY-ST-ZIP NAPLES FL 34101 ☐ Delete

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

TITLE TD
NAME SMART, SAMUEL M
STREET ADDRESS 2318 J & C BLVD
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE SD
NAME KIMBRELL, KONNIE
STREET ADDRESS 2403 TRADE CENTER WAY #4
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Kathleen M. Baile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (941) 594-8847
Date Daytime Phone #

CR2E037 (10/00)