

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020150

1. Entity Name  
AEI CONSTRUCTION, INC.

Principal Place of Business  
1745 RIDGEWOOD AVE  
HOLLY HILL FL 32117

Mailing Address  
1745 RIDGEWOOD AVE  
HOLLY HILL FL 32117

↓ change of address

2. Principal Place of Business  
595 N. Nova Rd  
Suite, Apt. #, etc.  
Ste. 102  
City & State  
Ormond Beach, FL  
Zip  
32174  
Country  
USA

3. Mailing Address  
595 N. Nova Rd Sl  
Suite, Apt. #, etc.  
Ste. 102  
City & State  
Ormond Beach, FL  
Zip  
32174  
Country  
USA

City & State  
Ormond Beach, FL  
Zip  
32174  
Country  
USA

City & State  
Ormond Beach, FL  
Zip  
32174  
Country  
USA

4. FEI Number  
593627269

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SMITH, C HOLT III  
233 E BAY ST, SUITE 930, BLACKSTONE BLDG  
JACKSONVILLE FL 32202

## 7. Name and Address of New Registered Agent

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 Gabrielle E. Benigni Gabrielle E. Benigni Sept. 12, 2001  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENIGNI, GABRIELLE  
1745 RIDGEWOOD AVE  
HOLLY HILL FL 32117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500004614545-9  
-09/27/01--01099--011  
\*\*\*\*550.00 \*\*\*\*550.00

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

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

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

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

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.

SIGNATURE: Gabrielle E. Benigni Gabrielle E. Benigni Sept. 12, 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0008761

CR2E034 (10/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:14



DO NOT WRITE IN THIS SPACE