

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT #

P00000054549

1. Entity Name

ASSOCIATED CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

1818 SW 2nd AVE

CAPE CORAL FL 33991

Mailing Address

1818 SW 2nd AVE

CAPE CORAL FL 33991

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1017930

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN P. AVERILL

1818 SW 2nd AVE

CAPE CORAL, FL 33991

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

John P. Averill

JOHN P. AVERILL

6/7/01

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: JOHN P. AVERILL
STREET ADDRESS: 1818 SW 2nd AVE
CITY-ST-ZIP: CAPE CORAL FL 33991

☐ Delete

TITLE: VICE PRESIDENT
NAME: MICHAEL B. FISCHER
STREET ADDRESS: 1818 SW 2nd AVE
CITY-ST-ZIP: CAPE CORAL FL 33991

☐ Delete

TITLE: T/S
NAME: BOBBI J. AVERILL
STREET ADDRESS: 1818 SW 2nd AVE
CITY-ST-ZIP: CAPE CORAL FL 33991

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME: BRADLEY G. KITTINGER
STREET ADDRESS: 1818 SW 2nd AVE
CITY-ST-ZIP: CAPE CORAL FL 33991

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS: 200004435482--5
CITY-ST-ZIP: -06/21/01--01081--002
*****70.00 *****70.00

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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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:

Bobbi J. Averill BOBBI J. AVERILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/01

Date

941/772-3293

Daytime Phone #

CR2E034 (11/00)