

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90022 028 ***150.00

DOCUMENT # P00000114691

1. Entity Name
T.A.P. DEMOLITION & RENOVATIONS, INC.

Principal Place of Business

**4384 MIDDLEBROOK ROAD
 ORLANDO FL 32811**

Mailing Address

**4384 MIDDLEBROOK ROAD
 ORLANDO FL 32811**

2. Principal Place of Business

220 Killington Way

3. Mailing Address

220 Killington Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO

4. FEI Number

59-3685020

Applied For

Not Applicable

Zip

Country

32835

ORLANDO U.S.A.

Zip

Country

32835

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ACOSTA, RICHARD

**4384 MIDDLEBROOK ROAD
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

ACOSTA RICHARD

Street Address (P.O. Box Number is Not Acceptable)

220 Killington Way

ORLANDO FLORIDA

City

FL

Zip Code
32835

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

Richard D Acosta

4/15/02

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, 2002 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 **D** ☐ Delete
 NAME **ACOSTA, RICHARD**
 STREET ADDRESS **4384 MIDDLEBROOK ROAD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
 NAME **TURCHIANO, JOHN**
 STREET ADDRESS **8124 S. ALBANS DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ACOSTA RICHARD**
 STREET ADDRESS **220 Killington Way**
 CITY-ST-ZIP **ORLANDO FL 32835**

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

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

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:

Richard D Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

407 375-2139

CR2E034 (9/01)