

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90978 037 ***150.00

DOCUMENT # P01000118718

1. Entity Name
AMERICAN CONSTRUCTION TOOL SUPPLY, INC.



Principal Place of Business
**665 WELLESLEY CT.
NEW SMYRNA BEACH FL 32168**

Mailing Address
**665 WELLESLEY CT.
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business
111 N. RIDGEWOOD AVE
Suite, Apt. #, etc.

3. Mailing Address
111 N. RIDGEWOOD AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
EDGEWATER FL
Zip
32132
Country
Volusia

City & State
EDGEWATER FL
Zip
32132
Country
Volusia

4. FEI Number
03-6388935

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PETRUCCI, EMERICK J
665 WELLESLEY CT.
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1818 TURNBULL LAKES DRIVE
City
NEW SMYRNA BEACH FL Zip Code
32168

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
PETRUCCI, EMERICK J
STREET ADDRESS
665 WELLESLEY CT.
CITY-ST-ZIP
NEW SMYRNA BEACH FL 32168

TITLE
ST ☐ Delete
NAME
PETRUCCI, EMERICK J
STREET ADDRESS
665 WELLESLEY CT.
CITY-ST-ZIP
NEW SMYRNA BEACH FL 32168

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
1818 TURNBULL LAKES DRIVE
STREET ADDRESS
NEW SMYRNA BEACH FL 32168
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
1818 TURNBULL LAKES DRIVE
STREET ADDRESS
NEW SMYRNA BEACH, FL 32168
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)