

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90158 037 ***150.00

DOCUMENT # P02000134139

1. Entity Name
ADVANCED CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business
**2002 N PEARL ST
CRESTVIEW FL 32536**

Mailing Address
**P O BOX 697
CRESTVIEW FL 32536**



2. Principal Place of Business

604 C West James Lee Blvd

3. Mailing Address

P.O. Box 697

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

Crestview FL

Zip

32536

Country

USA

Zip

32536

Country

USA

4. FEI Number

05-0547161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILL, JAMES D
2002 N PEARL ST
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name **James Don Hill**
Street Address (P.O. Box Number is Not Acceptable)
2002 N Pearl St.

City **Crestview**

FL

Zip Code
32536

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 **James Don Hill**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-13-03

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 **D** ☐ Delete
NAME **HILL, JAMES D**
STREET ADDRESS **P O BOX 697**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: **James Don Hill** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-03

Date

850-803-8843

Daytime Phone #

CR2E034 (10/02)