

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013279

1. Entity Name

A & H TRUCKING & DEMO, INC.

Principal Place of Business

5032 CABRILLA CT
PORT RICHEY FL 34652
US

Mailing Address

5032 CABRILLA CT
PORT RICHEY FL 34652
US

2. Principal Place of Business

5024 Cabrilla Ct.
Suite, Apt. #, etc.
New Port Richey

3. Mailing Address

5024 Cabrilla Ct.
Suite, Apt. #, etc.

City & State

FL

City & State

New Port Richey, FL

Zip

34652

Country

US

Zip

34652

Country

US

4. FEI Number

59-3167823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSO ALISON M
5032 CABRILLA CT
PORT RICHEY FL 34652

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME RUSSO, ALISON M
STREET ADDRESS 5032 CABRILLA CT
CITY-ST-ZIP PORT RICHEY FL 34652 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5024 Cabrilla Ct.
CITY-ST-ZIP New Port Richey, FL 34652

TITLE VT
NAME CRONIN, HOWARD
STREET ADDRESS 5032 CABRILLA CT
CITY-ST-ZIP PORT RICHEY FL 34652 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5024 Cabrilla Ct.
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Alison M. Russo / Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
Date

727-848-2802
Daytime Phone #

50031400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)