

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90008 050 ***550.00

DOCUMENT # P93000014594

1. Entity Name
ADVANCED BUILDING COMPANY OF NORTH FLORIDA, INC.

Principal Place of Business 981 IRMA WAY ST. AUGUSTINE FL 32086 US	Mailing Address 981 IRMA WAY ST. AUGUSTINE FL 32086 US
--	--

551801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6401 AIA SOUTH	3. Mailing Address 6401 AIA South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
--	--

4. FEI Number 59-3173342	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 32080-7502	Country USA	Zip 32080-7502	Country USA
--------------------------	-----------------------	--------------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
**MORGAN, BRIAN K
 2820 US 1 S STE 1
 ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent
 Name
Heather D. Michael
 Street Address (P.O. Box Number is Not Acceptable)
5348 A1A
 City
ST. AUGUSTINE FL Zip Code
32080

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: *Heather D. Michael*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL, WARREN T 981 IRMA WAY ST. AUGUSTINE FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL, HEATHER D 981 IRMA WY SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5348 A1A ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5348 A1A ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Heather D. Michael* **5-15-01** **904461-4488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)