

P93000014594

### 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:44

DOCUMENT # P93000014594

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



Principal Place of Business  
6401 A1A SOUTH  
ST AUGUSTINE, FL 32080-7502 US

Mailing Address  
6401 A1A SOUTH  
ST AUGUSTINE, FL 32080-7502 US

55038489



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

*ST. JOHNS COUNTRY FLA*

3. Mailing Address

*6401 A1A SOUTH*

Suite, Apt. #, etc.

*N/A*

Suite, Apt. #, etc.

*N/A*

City & State

*ST. AUGUSTINE FL*

City & State

*ST. AUGUSTINE, FL.*

4. FEI Number

59-3173342

Applied For

Not Applicable

Zip

*32080*

Country

*USA*

Zip

*32080*

Country

*USA*

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, HEATHER D.  
6348 A1A  
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

*SAME*

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

SIGNATURE

*Warren T. Michael Jr*

*5/4/03*

Signature, typed or printed name of signer and title if applicable

(NOTE: Registered agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00  
Apply May 1, 2003 Fee will be \$50.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
MICHAEL, WARREN T  
6348 A1A  
ST AUGUSTINE, FL 32080  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MICHAEL, HEATHER D  
6348 A1A  
ST AUGUSTINE, FL 32080  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
70001731838P  
04/29/03--01077--003 \*\*150.00  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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:

*Warren T. Michael*

*5/4/03*

*461-4488*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE PHONE

CFR2004 (10/02)

*5/29 ad*