

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
 02-10-2002 90028 020 ***150.00

DOCUMENT # P94000032337

1. Entity Name
ALL CONSTRUCTION TRADES, INC.

Principal Place of Business
**11990 N. LOGAN POINT
 DUNNELLON FL 34434**

Mailing Address
**11990 N. LOGAN POINT
 DUNNELLON FL 34434**



2. Principal Place of Business

3. Mailing Address

1800 West Lockport Lane 1800 W. Lockport Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dunnellon, FL

City & State
Dunnellon, FL

4. FEI Number
59-3241026

Applied For
☐ Not Applicable

Zip
34434

Country

Zip
34434

Country

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

**MILLS, JAMES W
 6995 S.W. 204 AVE.
 DUNNELLON FL 34430**

Name
James W. Mills

Street Address (P.O. Box Number is Not Acceptable)
20280 S.W. 69 Place

Dunnellon, FL 34430

City **"** **FL** Zip Code **34430**

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 **James W. Mills**
 Signature, typed or printed name of registered agent and title if applicable.

James W. Mills
 (NOTE: Registered Agent signature required when reinstating)

1/22/02
 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, 2002 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 **P** ☒ Delete
 NAME **MILLS, HERMAN L**
 STREET ADDRESS **10085 N. LINDON DR.**
 CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **P** ☒ Change ☐ Addition
 NAME **Mills, Richard W**
 STREET ADDRESS **1655 W. St. Elizabeth Pl**
 CITY-ST-ZIP **Citrus Springs, FL 34434**

TITLE **V** ☒ Delete
 NAME **MILLS, RICHARD W**
 STREET ADDRESS **1655 W. ST.ELIZABETH PL.**
 CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

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

TITLE **S** ☐ Delete
 NAME **MILLS, JAMES W**
 STREET ADDRESS **6995 S.W. 204TH AVE.**
 CITY-ST-ZIP **DUNNELLON FL 34430**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Mills, Jerry L.**
 STREET ADDRESS **1800 W. Lockport Lane**
 CITY-ST-ZIP **Dunnellon, FL 34434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **James W. Mills**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 **(352)465-5250**
 Date Daytime Phone #

CR2E034 (9/01)