

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90221 049 ***158.75

DOCUMENT # P94000044919

1. Entity Name

ADVANCED CONSTRUCTION OF NAVARRE, INC.

Principal Place of Business

Mailing Address

P O BOX 5221
NAVARRE FL 32566
US

P O BOX 5221
NAVARRE FL 32566-0221
US

850702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3275614**

Applied For
Not Applicable

Zip

Country

Zip

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

POLAND, TONY W
2702 TEE PEE ROAD
NAVARRE FL 32566

Name **Tony Poland**
Street Address (P.O. Box Number is Not Acceptable)
6500 Bay Oaks Dr
City **Milton FL** Zip Code **32561**

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, 2000 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 **POLAND, TONY W**
STREET ADDRESS **2702 TEE PEE ROAD**
CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE **VP** ☐ Delete
NAME **FLEMMING, TIM**
STREET ADDRESS **2702 TEE PEE ROAD**
CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE **D** ☒ Delete
NAME **WRIGHT, JEREMIAH**
STREET ADDRESS **2702 TEE PEE ROAD**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☒ Change ☐ Addition
NAME **Secretary Treasurer**
STREET ADDRESS **Chris Kuhn**
CITY-ST-ZIP **2702 Tee Pee Rd Navarre FL 32566**

TITLE **D** ☒ Delete
NAME **BROWN, TROY**
STREET ADDRESS **2702 TEE PEE ROAD**
CITY-ST-ZIP **NAVARRE FL 32566**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

637-2834

Daytime Phone #

CR: 1034 (5/03)