

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057301

1. Entity Name

A & D CONCRETE SAWING & DRILLING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 032 ***150.00

Principal Place of Business

Mailing Address

3101 OLEANDER AVENUE BAY 8
FORT PIERCE FL 34982

3101 OLEANDER AVENUE BAY 8
FORT PIERCE FL 34982-6400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599030

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

AVERY, CHARLES
6000 SEAGRAPE DRIVE
FORT PIERCE FL 34982

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, 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 PD ☐ Delete
NAME DUNAJEWSKI, JULIUS
STREET ADDRESS 248 MARINA DR
CITY-ST-ZIP HUTCHINSON ISLAND FL

TITLE STD ☒ Change ☐ Addition
NAME DUNAJEWSKI, JULIUS
STREET ADDRESS 248 MARINA DR
CITY-ST-ZIP HUTCHINSON ISLAND, FL 34949

TITLE STD ☐ Delete
NAME AVERY, CHARLES
STREET ADDRESS 5611 SMITH LANE
CITY-ST-ZIP FORT PIERCE FL

TITLE PD ☒ Change ☐ Addition
NAME AVERY, CHARLES
STREET ADDRESS 5611 SMITH LANE
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

Date

Daytime Phone #

Secy Treas

4/24/00

561-467-1155

CR2E034 (9/99)