

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057301

1. Entity Name

A & D CONCRETE SAWING & DRILLING, INC.

Principal Place of Business

3101 OLEANDER AVENUE BAY 8  
FORT PIERCE FL 34982

Mailing Address

3101 OLEANDER AVENUE BAY 8  
FORT PIERCE FL 34982

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition  
NAME Dunajewski, Julius  
STREET ADDRESS 248 Marina Drive  
CITY-ST-ZIP Hutchinson Island, FL 34949

TITLE PD ☐ Delete  
NAME AVERY, CHARLES  
STREET ADDRESS 5611 SMITH LANE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE STD ☒ Change ☐ Addition  
NAME Avery, Charles  
STREET ADDRESS 3365 Matthews Road  
CITY-ST-ZIP Ft. Pierce, FL 34945

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

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

Julius Dunajewski 4/13/01 561-467-1155

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)