

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90167 002 ***150.00

DOCUMENT # P95000057301

1. Entity Name
A & D CONCRETE SAWING & DRILLING, INC.



Principal Place of Business
**524 S MARKET AVENUE
FORT PIERCE FL 34982**

Mailing Address
**524 S MARKET AVENUE
FORT PIERCE FL 34982**

2. Principal Place of Business

3221 Oleander Ave.

3. Mailing Address

3221 Oleander Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Pierce FL

City & State
Ft. Pierce, FL

4. FEI Number **65-0599030**

Applied For
Not Applicable

Zip
34982

Country
USA

Zip
34982

Country
USA

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
524 S MARKET AVENUE
FORT PIERCE FL 34982**

Name

Street Address (P.O. Box Number is Not Acceptable)

3221 Oleander Ave.

City

Ft. Pierce

FL

Zip Code

34982

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 **Charles Avery** **4/15/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **STD** ☐ Delete
NAME **DUNAJEWSKI, JULIUS**
STREET ADDRESS **248 MARINA DRIVE**
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 **3365 MATTHEWS RD**
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **STD** ☒ Change ☐ Addition
NAME **Avery, Charles**
STREET ADDRESS **3365 Matthews Rd**
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
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CITY-ST-ZIP

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

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: **Charles Avery** **4/15/03** **772-467-1155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)