

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90020 037 ***150.00

DOCUMENT # P95000095831

1. Entity Name

A+D Contractors, Inc.

Principal Place of Business

Mailing Address

Coast
2 Palm Coast PKWY NE Suite 228
Palm Coast FL 32137256 Spreading Oak Ln.
Ormond Beach, FL 32174
US

2. Principal Place of Business

FLAGLER COUNTY

3. Mailing Address

7850 South US Hwy 1

Suite, Apt. #, etc.

7850 South US Hwy 1

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

4. FEI Number

65-0627446

Applied For

Not Applicable

Zip

U.S.A.

Zip

U.S.A.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

Mallinger, Martin P.
Sanctuary Centre Tower D suite 207
4800 North Federal Hwy.
Boca Raton, FL 33431

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	Perrotta, Anthony L II	256 Spreading Oak Ln.	Ormond Beach, FL 32174	<input type="checkbox"/>
VSD	Ralleo, Daniel	256 Spreading Oak Ln.	Ormond Beach, FL 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		336 North 12th Street	FLAGLER Beach FL 32136	<input checked="" type="checkbox"/>
		27 CIRCLE CREEK WAY	ORMOND Beach FL 32174	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #