

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

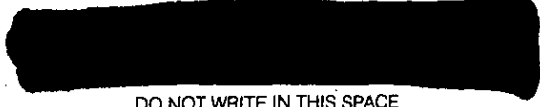
03-22-2000 90020 037 ***150.00

DOCUMENT # P95000095831

1. Entity Name
A+D Contractors, Inc.

Principal Place of Business Mailing Address
 Coast 256 Spreading Oak Ln.
 2 Palm Coast PKWY NE Suite 228 Ormond Beach, FL 32174
 Palm Coast FL 32137 US

2. Principal Place of Business 3. Mailing Address
FLAGLER COUNTY **7850 South US HWY 1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
7850 South US HWY 1
 City & State City & State
Bunnell FL **Bunnell FL**
 Zip Country Zip Country
32110 U.S.A. **32110 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0627446** 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

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