

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000095831

FILED
Mar 19, 2003
Secretary of State

Entity Name: A & D CONTRACTORS, INC.

Current Principal Place of Business:

4601 E. MOODY BLVD
SUITE D-9
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

4601 E. MOODY BLVD
SUITE D-9
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 65-0627446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLINGER, MARTIN P
SANCTUARY CENTRE TOWER D SUITE 207
4800 NORTH FEDERAL HGWY
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PERROTTA, ANTHONY L II
Address: 4601 E. MOODY BLVD, STE D-9
City-St-Zip: BUNNELL, FL 32110

Title: VSD () Delete
Name: RALLEO, DANIEL
Address: 4601 E. MOODY BLVD, STE D-9
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY L. PERROTTA II

PTD

03/19/2003

Electronic Signature of Signing Officer or Director

_____ Date