

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90172 043 ***150.00

DOCUMENT # P96000003443

1. Entity Name
ADVANCED BUILDING CONSTRUCTORS, INC.

Principal Place of Business

**8150 PRESIDENTS DR.
 ORLANDO FL**

Mailing Address

**8150 PRESIDENTS DR.
 ORLANDO FL**

DUU00100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**365 Taft Vineland Rd.
 Suite, Apt. #, etc.**

3. Mailing Address

**365 Taft Vineland Rd.
 Suite, Apt. #, etc.**

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3359847

Applied For

Not Applicable

Zip

32824

Country

USA

Zip

32824

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKAY, JOHN G
 8150 PRESIDENTS DR.
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

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

365 Taft Vineland Rd.

City

Orlando

FL

Zip Code

32824

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MCKAY, JOHN G**
 STREET ADDRESS **8150 PRESIDENTS DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **AVERY, KERRY**
 STREET ADDRESS **8150 PRESIDENTS DR**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **365 Taft Vineland Rd.**
 CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **365 Taft Vineland Rd.**
 CITY-ST-ZIP **Orlando, FL 32824**

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

407-855-9109

Daytime Phone #

CR2E034 (9/01)