

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011849

1. Entity Name

ADVANCED CONSTRUCTION SOLUTIONS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90041 010 ***150.00

Principal Place of Business

13180 N CLEVELAND AVE
STE 209
N FT MYERS FL 33903
US

Mailing Address

13180 N CLEVELAND AVE
STE 209
N FT MYERS FL 33903-6230
US

2. Principal Place of Business

2238 HEMINGWAY DRIVE

3. Mailing Address

2238 HEMINGWAY DRIVE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33912

Country

US

Zip

33912

Country

US

4. FEI Number

65-0646565

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

WILSON, T
13180 N CLEVELAND AVE
STE 209
N FT MYERS FL 33903

Name

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

2238 HEMINGWAY DRIVE, SUITE A

City

FORT MYERS

FL

Zip Code

33912

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, TERRY 13180 N CLEVELAND AVE STE 209 N FT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHULTZ, TERRY 13180 N CLEVELAND AVE STE 209 N FT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2238 HEMINGWAY DRIVE, SUITE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2238 HEMINGWAY DRIVE, SUITE A FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF TERRY WILSON

2/21/00

Date

941-482-6323

Daytime Phone #

CR2E034 (9/99)