

DOCUMENT # P96000027738

1. Entity Name

ACKERMAN CONSTRUCTION, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90065 046 ***150.00

Principal Place of Business

478 STILL MAEDOWS CIR. S.
PALM HARBOR FL 34683-5136
US

Mailing Address

478 STILL MAEDOWS CIR. S.
PALM HARBOR FL 34683-5136
US

2. Principal Place of Business

8420 ULMERTON RD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 434

City & State

LARGO FLORIDA

City & State

City & State

4. FEI Number

59-3369225

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, DANIEL K
478 STILL MEADOWS CIR. S.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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 DANIEL K ACKERMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-04-01

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, 2001, 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
NAME ACKERMAN, DANIEL K
STREET ADDRESS 478 STILL MEADOWS CIR. S
CITY-ST-ZIP PALM HARBOR FL 34683-5136 ☐ Delete

TITLE SD
NAME ACKERMAN, LINDA J
STREET ADDRESS 478 STILL MEADOWS CIR. S.
CITY-ST-ZIP PALM HARBOR FL 34683-5136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01

Date

Daytime Phone #

7275246555

CR2E034 (10/00)