

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90183 036 ***150.00

DOCUMENT # P96000027738

1. Entity Name
ACKERMAN CONSTRUCTION, INC.



Principal Place of Business: 6420 ULMERTON RD.
SUITE 434
LARGO FL 33771
US

Mailing Address: 478 STILL MEADOWS CIR. S.
PALM HARBOR FL 34683-5136
US



2. Principal Place of Business
11539 PYRAMID DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ODESSA FLORIDA

Zip Country
33556-3457 US

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-3369225

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DANIEL K ACKERMAN

[Signature]

1-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, DANIEL K 478 STILL MEADOWS CIR. S PALM HARBOR FL 34683-5136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACKERMAN, LINDA J 478 STILL MEADOWS CIR. S. PALM HARBOR FL 34683-5136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

Daytime Phone #

CR2E034 (10/02)