

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 004 ***150.00

DOCUMENT # *P96000039154*

1. Entity Name

All Counties Builders, Inc



00100047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1021 Beaver Dr.

3. Mailing Address

1021 Beaver Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

4. FEI Number

59-3380419

Applied For

Not Applicable

Zip

34689

Country

-USA

Zip

34689

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jim M. Wilson Jr.

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

1021 Beaver Dr.

City

Tarpon Springs

FL

Zip Code

34689

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/03

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *President*
NAME *Jim M. Wilson Jr.*
STREET ADDRESS *1021 Beaver Dr.*
CITY-ST-ZIP *Tarpon Springs FL 34689*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary*
NAME *Laurel A. Wilson*
STREET ADDRESS *1021 Beaver Dr.*
CITY-ST-ZIP *Tarpon Springs FL 34689*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Jim M. Wilson Jr.
Date

5/16/03

727 942 4131
Daytime Phone #

CR2E034B (12/02)

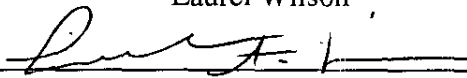
Attachment 90136547
Memo P916000039154

All Counties Builders
1021 Beaver Drive
Tarpon Springs, FL 34689
727-639-2983

Date: May 16, 2003
To: Florida Department of State
From: Laurel Wilson
Subject: Renewal
Project name: _____ No: _____

We did a change of address when we filed our annual corporation renewal for the year 2002. It was not discovered until after May 1, 2003 that we never received our application for renewal. Upon placing a call to the Division of Corporation, we were told to send the \$150.00 and a letter stating why. After reviewing our company status online, we believe the renewal form was sent to an incorrect address.

Thank You
Laurel Wilson



FEI # 59-3380418

() Please reply () No reply necessary Signed: _____