

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90051 005 \*\*\*150.00

**DOCUMENT # P96000051286**

1. Entity Name  
**A & R CONSTRUCTION, INC.**



Principal Place of Business  
**2705 SE 163RD ST RD  
SUMMERFIELD FL 34491  
US**

Mailing Address  
**P.O. BOX 680  
SUMMERFIELD FL 34492  
US**



2. Principal Place of Business  
**10395 SE 170th Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**205**

City & State  
**Summerfield, FL**

City & State

4. FEI Number **59-3387629**

Applied For

Not Applicable

Zip  
**34491**

Country

Zip

Country

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

**ABBATIello, JOSEPH  
2705 SE 163RD ST RD  
SUMMERFIELD FL 34491**

Name

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

**8950 SW 14th Avenue**

City

**Ocala**

FL

Zip Code

**34476**

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, 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 **VPTD** ☐ Delete  
NAME **ABBATIello, JOSEPH**  
STREET ADDRESS **2705 SE 163RD ST. RD.**  
CITY-ST-ZIP **SUMMERFIELD FL 34491**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **8950 SW 14th Avenue**  
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **PSD** ☐ Delete  
NAME **ABBATIello, PATRICIA**  
STREET ADDRESS **2705 SE 163RD ST RD**  
CITY-ST-ZIP **SUMMERFIELD FL 34491**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **8950 SW 14th Avenue**  
CITY-ST-ZIP **Ocala, FL 34476**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:  **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-25-03 352-875-8840**

Date Daytime Phone #

CR2E034 (10/02)