

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000049246**

1. Entity Name
A & S REBUILDERS, INC.

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90155 021 ***150.00

Principal Place of Business

**5721 FUNSTON ST
HOLLYWOOD FL 33023**

Mailing Address

**8770 N.W. 14TH ST.
PEMBROKE PINES FL 33024-4721**

2. Principal Place of Business

Same As Above
Suite, Apt. #, etc.

3. Mailing Address

Same As Above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0758488**

Applied For
Not Applicable

Zip

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

**HARBIN, STEVE E.
8770 N.W. 14TH ST.
PEMBROKE PINES FL 33024**

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 _____
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, 2002 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
**PST
HARBIN, STEVE E
8770 NW 14 ST
PEMBROKE PINES FL 33024** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARBIN, ALLYSON P
8770 NW 14 ST
PEMBROKE PINES FL 33024** ☐ Delete

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

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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: **Steve Harbin** **STEVE HARBIN** **4-26-02** **954-868-7073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #