

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052391

1. Entity Name

ALLSITE CONTRACTING, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90438 018 ***150.00

Principal Place of Business

13049 QUINCY BAY DRIVE
JACKSONVILLE FL 32246

Mailing Address

13049 QUINCY BAY DRIVE
JACKSONVILLE FL 32246

2. Principal Place of Business

13049 Quincy Bay Dr
Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Same FL

4. FEI Number

59-3451021

Applied For

Not Applicable

Zip

Country

32244

FL

Zip

Country

Same

FL

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

BELL, STEVEN
13049 QUINCY BAY DRIVE
JACKSONVILLE FL 32246

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
BELL, STEVE
13049 QUINCY BAY DRIVE
JACKSONVILLE FL 32246

☐ Delete

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

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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

STEVE BELL

Date

Daytime Phone #

4-25-01

904-759-3924

CR2E034 (10/00)