

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90177 009 ***150.00

DOCUMENT # P98000025695

1. Entity Name

ADVANCED CONSTRUCTION TECHNOLOGY OF LONGWOOD, IN C.

Principal Place of Business

Mailing Address

**1098 OAK LANE-SUITE B
WINTER SPRINGS FL 32708**

**1098 OAK LANE-SUITE B
WINTER SPRINGS FL 32708**

2. Principal Place of Business

155 W. SR. 46

3. Mailing Address

155 W. SR. 46

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

FL

City & State

FL

4. FEI Number

59-3494586

Applied For

Not Applicable

Zip

Country

32732 Seminole

Zip

Country

32732 Seminole

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

**BOWLING, JASPER T
220 E OSCEOLA RD
PO BOX 1203
GENEVA FL 32732**

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

Jasper T. Bowling
Signature, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **D** ☐ Delete
NAME **JONES, DALE S**
STREET ADDRESS **1220 WINDSOR AVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **D** ☐ Delete
NAME **BOWLING, JASPER T**
STREET ADDRESS **PO BOX 1203 220 E OSCEOLA RD**
CITY-ST-ZIP **GENEVA FL 32732**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jasper T. Bowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASPER BOWLING 4-5-02 407-349-0905

Date

Daytime Phone #

CR2E034 (9/01)