2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037730 1. Entity Name ALL FLORIDA CONTRACTORS, INC.

FILED Apr 07, 2000 8:00 am Secretary of State

				04-07-2000 90057 039 ***150.00
Principal Place	e of Business	Mailing Address		
11560 OLD ST. AUGUSTINE RD SUITE 3 JACKSONVILLE FL 32258		11560 OLD ST. AUGUSTINE RD SUITE 3 JACKSONVILLE FL 32258-1406		しせいまたは MATERIAN AND AND AND AND AND AND AND AND AND A
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3509542 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	r ·		Name	
1156	MER, JOHN 0 OLD ST. AUGUSTINE RD	Street Addre		ss (P.O. Box Number is Not Acceptable)
SUITI JACK	SONVILLE FL 32258		City	FL Zip Code
				stered agent, or both, in the State of Florida.
	Signature, typed or printed name of registered agent ration is eligible to satisfy its Intangible		Registered Agent signature requi	pulified when reinstating) DATE 10. Election Campaign, Financing \$5.00 · May Be
Tax filing requirement and elects to do so. (See criteria on back)		After MAY-1, 2000 Make Check Payable	D Fee will be \$550.00 to Department of St	State Trust Fund Contribution. Added to Fees
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAYMER, JOHN 11560 OLD ST. AUGUSTINE RD JACKSONVILLE FL 32258	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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Inereoy certify that the information supplied with this triling does not quality 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:

Date

Daytime Phone #