

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037730

1. Entity Name

ALL FLORIDA CONTRACTORS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90070 009 ***150.00

Principal Place of Business

11560 OLD ST. AUGUSTINE RD
SUITE 3
JACKSONVILLE FL 32258

Mailing Address

11560 OLD ST. AUGUSTINE RD
SUITE 3
JACKSONVILLE FL 32258

2. Principal Place of Business

3021 LORETTO Rd.

Suite, Apt. #, etc.

1

3. Mailing Address

3021 LORETTO Rd.

Suite, Apt. #, etc.

1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32223

Zip

Country

32223

4. FEI Number

59-3509542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMER, JOHN
11560 OLD ST. AUGUSTINE RD
SUITE 3
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

RAYMER, John

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

3021 LORETTO Rd.

SUITE 1

City

Jacksonville

FL

Zip Code

32223

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAYMER, JOHN 11560 OLD ST. AUGUSTINE RD STE 3 JACKSONVILLE FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Raymer, John 3021 LORETTO Rd Suite 1 Jacksonville, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-10-01 (904) 292-0018

CR2E034 (10/00)