

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90107 029 \*\*\*150.00

**DOCUMENT # P98000071558**

1. Entity Name  
**ATD CONSTRUCTION, INC.**

Principal Place of Business  
**9309 9TH AVE.  
 TAFT FL 32824**

Mailing Address  
**9309 9TH AVE.  
 TAFT FL 32824-9186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**824 Silversmith Cir**  
 Suite, Apt. #, etc.

3. Mailing Address  
**824 Silversmith Cir**  
 Suite, Apt. #, etc.

City & State  
**Lk Mary FL**

City & State  
**Lk Mary FL**

Zip  
**32746**

Country  
**USA**

Zip  
**32746**

Country  
**USA**

4. FEI Number **59-3526681**

Applied For  
 Not Applicable

5. Certificate of Status Desired -  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELILE, ALAN T**  
**9309 9TH AVE.**  
**TAFT FL 32824**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**824 Silversmith Cir**

City **Lk Mary FL** Zip Code **32746**

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 \_\_\_\_\_ (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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELILE, ALAN T</b>	
STREET ADDRESS	<b>9309 9TH AVE.</b>	
CITY-ST-ZIP	<b>TAFT FL 32824</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>824 Silversmith Cir</b>	
CITY-ST-ZIP	<b>Lk Mary FL 32746</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Alan T. Delile **1/10/00** **407 324-5804**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)