

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098942

1. Entity Name

ADVANCED CONSTRUCTION SERVICES OF CENTRAL FLORID

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90095 015 ***150.00

Principal Place of Business 3678 DERBYSHIRE RD. #214 CASSELBERRY FL 32707 US	Mailing Address 3678 DERBYSHIRE RD. #214 CASSELBERRY FL 32707 US
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2. Principal Place of Business 450 Commerce Way Suite, Apt. #, etc. Suite 108 City & State Longwood, FL Zip 32750 - - - - - Country USA	3. Mailing Address 450 Commerce Way Suite, Apt. #, etc. Suite 108 City & State Longwood, FL Zip 32750 - - - - - Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MELENDEZ, ANGEL L 3040 TOWN & COUNTRY ROAD OVIEDO FL 32766	7. Name and Address of New Registered Agent Name John M. Langford, III Street Address (P.O. Box Number is Not Acceptable) 214 Imperial Ridge Court City Oviedo FL Zip Code 32765
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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 President DATE 1/22/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENDEZ, ANGEL 3040 TOWN & COUNTRY RD OVIEDO FL 32766 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMILLANO, JOSEPH A 2742 MILLS CREEK RD OVIEDO FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANFORD, JOHN M 3678 DERBYSHIRE RD., #214 CASSELBERRY FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John M. Langford, III 214 Imperial Ridge Court Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert C. Kingsland 1949 Slavia Road Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: John M. Langford, III DATE 1/22/01 407/977-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)