

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041535

1. Entity Name
ADVANTAGE DEMOLITION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 007 ***150.00

Principal Place of Business
2119 BEACH AVENUE
ATLANTIC BEACH FL 32233

Mailing Address
POST OFFICE BOX 331111
ATLANTIC BEACH FL 32233-1111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-3574249

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
SYDNEY J. JENKINS

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

2119 BEACH AVE.

City ATLANTIC BEACH, FL

Zip Code 32233

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 *Sydney J. Jenkins* SYDNEY J. JENKINS, PRES.

2/7/2000

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
JENKINS, SYDNEY J
2119 BEACH AVENUE
ATLANTIC BEACH FL 32233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Sydney J. Jenkins SYDNEY J. JENKINS

PRESIDENT

Date

2/7/2000

Daytime Phone #

90A 2497607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)