

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047083

1. Entity Name

ALTERNATIVE BUILDING SERVICES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90084 014 ***150.00

Principal Place of Business

3617 POINT ROAD, SUITE #4
JACKSONVILLE FL 32257

Mailing Address

3617 POINT ROAD, SUITE #4
JACKSONVILLE FL 32257

2. Principal Place of Business

3617 Crown Point Rd.

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32257

Country

USA

Zip

32241

Country

USA

4. FEI Number

59-357662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 POINT ROAD, SUITE #4
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

3617 Crown Point Rd.

SUITE #1

City Jacksonville

FL

Zip Code

32257

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, 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 D
NAME WARD, RICHARD D
STREET ADDRESS P.O. BOX 24668
CITY-ST-ZIP JACKSONVILLE FL 32241-4668

☐ Delete

TITLE D
NAME JOYCE, FONDA
STREET ADDRESS P.O. BOX 24668
CITY-ST-ZIP JACKSONVILLE FL 32241-4668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00 90904-288-8999