

2000 UNIFORM BUSINESS REPORT (UBR)

0087082

DOCUMENT # P99000048089

1. Entity Name

A & S DEVELOPMENT, INC.

FILED

00 APR 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2431 ALOMA AVE., SUITE 286
WINTER PARK FL 32792

2431 ALOMA AVE., SUITE 286
WINTER PARK FL 32792-2566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579653

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

ACEVEDO, SHANE
49 HEATHER COVE DRIVE
BOYNTON BEACH FL 33462

Name

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

2431 Aloma Ave # 286

City

Winter Park

FL

Zip Code

32792

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ACEVEDO, SHANE	
STREET ADDRESS	49 HEATHER COVE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SHEPHERD, THOMAS	
STREET ADDRESS	49 HEATHER COVE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
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"/> Change <input type="checkbox"/> Addition
NAME	2431 Aloma Ave # 286	
STREET ADDRESS	Winter Park, FL	
CITY-ST-ZIP	32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2431 Aloma Ave # 286	
STREET ADDRESS	Winter Park, FL	
CITY-ST-ZIP	32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0000003243950-- 3	
STREET ADDRESS	-05/09/00--01026--032	
CITY-ST-ZIP	****600.00 ****150.00	
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:

THOMAS SHEPHERD
J-P

1-10-00

Date

407 657-1113

Daytime Phone #

CR2E034 (9/99)