

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90054 049 \*\*\*150.00

0078169

**DOCUMENT # P99000069401**

1. Entity Name

**ALL BUILDING CONSULTANTS, INC.**

Principal Place of Business

**2650 SABRINA ST., NE  
 PALM BAY FL 32905**

Mailing Address

**2650 SABRINA ST., NE  
 PALM BAY FL 32905**

2. Principal Place of Business

**3305 WEDGEWOOD DR NE  
 Suite, Apt. #, etc.  
 #211  
 PALM BAY FL ~~32905~~**

3. Mailing Address

**3305 WEDGEWOOD DR NE  
 Suite, Apt. #, etc.  
 #211  
 PALM BAY FL**



DO NOT WRITE IN THIS SPACE

City & State

**PALM BAY FL ~~32905~~**

City & State

**PALM BAY FL**

4. FEI Number

**59-3592050**

Applied For

Not Applicable

Zip  
**32905**

Country

**USA**

Zip

**32905**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAKER, DAVID A  
 2650 SABRINA ST., NE  
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name **BAKER, DAVID A.**

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

**3305 WEDGEWOOD DR NE #211**

City **PALM BAY**

**FL**

Zip Code  
**32905**

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, 2001 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  
 NAME **D BAKER, DAVID A** ☐ Delete  
 STREET ADDRESS **2650 SABRINA ST., NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **D BAKER, DAVID A.** ☒ Change ☐ Addition  
 STREET ADDRESS **3305 WEDGEWOOD DR. NE #211**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *David A. Baker*

**DAVID A. BAKER**

**3-14-01**

**(321) 409-8192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)