

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073977

1. Entity Name

AMERICAN RESIDENTIAL CONSTRUCTION, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90002 038 ***158.75

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAINTLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAINTLAND FL 32751-7119

2. Principal Place of Business

474 S. NORTH LAKE BLVD

3. Mailing Address

474 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

SUITE 1020

Suite, Apt. #, etc.

SUITE 1020

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

Zip

32701

Country

4. FEI Number

59-3593292

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

KAFKA, DONALD

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAINTLAND FL 32751

Name

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

474 S. NORTH LAKE BLVD

SUITE 1020

City

Altamonte Springs,

FL

Zip Code

32701

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**

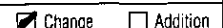
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELGUIDICE, CHRISTOPHER
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAINTLAND FL 32751



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
474 S. NORTH LAKE BLVD, SUITE 1020
Altamonte Springs, FL 32701



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

(321) 207-7000