

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073977

1. Entity Name
AMERICAN RESIDENTIAL CONSTRUCTION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90105 017 ***158.75

Principal Place of Business
**474 S. NORTH LAKE BLVD
SUITE 1020
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**474 S. NORTH LAKE BLVD
SUITE 1020
ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 55-9353292		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent KAFKA, DONALD 474 S. NORTH LAKE BLVD. STE 1020 ALTAMONTE SPRINGS FL 32701		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reconstituting)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DELGUIDICE, CHRISTOPHER 474 S. NORTH LAKE BLVD STE 1020 ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ 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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

(324) 207-7000

Date

Typed Name

CR2E034 (10/00)