

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081825

1. Entity Name

AUTUMN BUILDING CONCEPTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90185 034 ***150.00

Principal Place of Business

Mailing Address

311 S. MISSOURI AVENUE
CLEARWATER FL 33756

311 S. MISSOURI AVENUE
CLEARWATER FL 33756-5833

2. Principal Place of Business

2194 MAIN STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

4. FEI Number

59-3599300

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

Country

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

GARDNER, JOHN C
311 S. MISSOURI AVENUE
CLEARWATER FL 33756

Name

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

City

FL

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, 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 D ☐ Delete
NAME CARROLL, STEPHEN J
STREET ADDRESS 5207 DRURY COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34563

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

TITLE D ☐ Delete
NAME GARNDER, MICHAEL
STREET ADDRESS 1541 SAN ROY DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☐ Addition
NAME CORRECT SPELLING
STREET ADDRESS GARDNER
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZANGARI, JOHN R
STREET ADDRESS 540 GULF BLVD.
CITY-ST-ZIP BELLEAIR SHORES FL 33764

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

727-738-5974

Daytime Phone #

CR2E034 (9/99)