

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91194 003 ***150.00

DOCUMENT #

P 990000081825

1. Entity Name Autumn Building Concepts, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2194 Main Street

3. Mailing Address

2194 Main Street

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

Suite H

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3599300

Applied For

☐ Not Applicable

Zip
34698

Country
USA

Zip
34698

Country
USA

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

John C. Gardner

311 S. Missouri Ave.

Clearwater, FL 33765

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!!
After MAY 1, 2001
Make Check Payable to Department of State

FEES \$150.00
Fee will be \$550.00

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	V/T/D/	<input checked="" type="checkbox"/> Delete
NAME	Stephen J. Carroll	
STREET ADDRESS	5207 Drury Court	
CITY-ST-ZIP	New Port Richey, FL 34563	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Gardner	
STREET ADDRESS	1541 San Roy Dr.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R. Zangari	
STREET ADDRESS	2194 Main Street, Suite H	
CITY-ST-ZIP	Dunedin, FL 34698	
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		
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 807, 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

Michael Gardner 4/24/01 727-738-5974

Date

Daytime Phone #

CR2E034 (11/00)