

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 17, 2000 8:00 am
Secretary of State**

07-17-2000 90006 005 ***150.00

DOCUMENT # P99000087061

1. Entity Name

A-1 DEMOLITION, INC.*R*

Principal Place of Business

Mailing Address

**1515 WALDRUP RD.
LAKELAND FL 33809****1515 WALDRUP RD.
LAKELAND FL 33809**

2. Principal Place of Business

1515 Waldrup Road

3. Mailing Address

1515 Waldrup Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

59-3600610

Applied For

Not Applicable

Zip

33810-0231

Country

USA

Zip

33810-0231

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYERS, PHILLIP S
1515 WALDRUP RD.
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

Phillip S. Myers

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

1515 Waldrup Road

City

Lakeland**FL**Zip Code
33810

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 *Phillip S. Myers* **PHILLIPS. MYERS, PRESIDENT****07-10-00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	MYERS, PHILLIP S	
STREET ADDRESS	1515 WALDRUP RD.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, JAMES T	
STREET ADDRESS	3171 VALLEY VISTA CIR.	
CITY-ST-ZIP	LAKELAND FL 33813	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip S. Myers	
STREET ADDRESS	1515 Waldrup Road	
CITY-ST-ZIP	Lakeland, Florida 33810-0231	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Myers	
STREET ADDRESS	5115 N. Socrum Loop Road #316	
CITY-ST-ZIP	Lakeland, Florida 33809	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacquelyn M. Myers	
STREET ADDRESS	1515 Waldrup Road	
CITY-ST-ZIP	Lakeland, Florida 33810-0231	
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 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: *Phillip S. Myers* **PHILLIPS. MYERS, PRESIDENT** **07-10-00** **(803) 816-2848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH#pggUW87061
DUJ70325

A-1 DEMOLITION, INC.
ATTN: JACKIE
1515 WALDRUP ROAD
LAKE LAND, FL 338100231

Request taken by: lyarbrough
06-23-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To whom it may concern:

A-1 Demolition, Inc. never received the 1st notice of renewal in January. We are a new business and did not know to expect it, therefore, it was not missed until brought to my attention by my CPA. I called the Division of Corp. and the zip code on file was incorrect. The gentleman I spoke to said the late fee would be waived. I have enclosed a check for \$150.00 and made all necessary changes on the UBR.

Myers,
SECRETARY, TREAS.