2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000095230** May 08, 2000 8:00 am Secretary of State AMERICAN BUILDING CONTRACTORS, INC. 05-08-2000 90164 038 ***150.00 Mailing Address Principal Place of Business 1312 COMMERCE LN., 1B 1312 COMMERCE LN., 1B JUPITER FL 33458-5640 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 2506 S.E. WILLOUGHBY SE WILLOUGHBY BLUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0 965900 Not Applicable STU<u>art</u> STU ART Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34994 Fee Required: MARTIL MARTIN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PURINO WHITMIRE, DRENNEN L JR ESQ Street Address (P.O. Box Number is Not Acceptable) 2506 S.E. W.LLOUCHS BLUD 500 S. AUSTRALIAN AVE., STE. 800 WILLOUGHBY W. PALM BEACH FL 33401 ^{Code} 4 STUART this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Change** Addition TITLE ☐ Delete TITLE POMA, FRANK NAME 2506 S.E. WILLOUGHBY BWD STREET ADDRESS 12212 RIVERBEND CT. STREET ADDRESS CiTY-ST-7IP PORT ST. LUCIE FL 34984 CITY-ST-ZIP Change TITLE ☐ Delete TITLE PURINO, ALBERT T NAME S.E. WILLOUGHBY BLUD NAME STREET ADDRESS 18810 MISTY LAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33485 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or truetor with all other like empowered changed, or on an attachment wi SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR