

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095230

1. Entity Name -

AMERICAN BUILDING CONTRACTORS, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90009 030 \*\*\*150.00

0031175

Principal Place of Business

Mailing Address

2506 SW WILLOUGHBY BLVD  
STUART FL 34994

2506 SW WILLOUGHBY BLVD  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

2506 SE WILLOUGHBY BLVD

2506 SE WILLOUGHBY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-0965900

Applied For

Not Applicable

Zip

Country

34994 MARTIN

Zip

Country

34994 MARTIN

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

PURINO, ALBERT T  
2506 SE WILLOUGHBY BLVD  
STUART FL 34994

Name

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

2506 SE WILLOUGHBY BLVD

City

STUART

FL

Zip Code

34994

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.

ALBERT T. PURINO

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME POMA, FRANK  
STREET ADDRESS 2506 SE WILLOUGHBY BLVD  
CITY-ST-ZIP STUART FL 34994

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

TITLE D ☐ Delete  
NAME PURINO, ALBERT T  
STREET ADDRESS 2506 SE WILLOUGHBY BLVD  
CITY-ST-ZIP STUART FL 34994

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

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT T. PURINO

4/10/01

Date

Daytime Phone #

CR2E034 (10/00)