

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90127 016 ***158.75

DOCUMENT # **S02957**

1. Entity Name
**ASSOCIATED CONTRACTORS OF WEST COAST FLORIDA, IN
C.**



Principal Place of Business
**P O BOX 46361
ST. PETE BEACH FL 33741**

Mailing Address
**P O BOX 46361
ST. PETE BEACH FL 33741**



2. Principal Place of Business
P.O. BOX 46431
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 46431
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. PETE BEACH, FL

City & State
ST. PETE BEACH, FL

4. FEI Number **59-3275057**

Applied For
☐ Not Applicable

Zip Country
33741 PINELLAS

Zip Country
33741 PINELLAS

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

**DE HUT, MARK A
102-8TH AVE
APT. 6
ST PETE BEACH FL 33706**

Name **DE HUT, MARK A.**

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

303 GULF WAY

City **ST. PETE BEACH FL**

Zip Code **33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD DE HUT, MARK A**
STREET ADDRESS **102-8TH AVE #6**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE ☒ Change ☐ Addition
NAME **P/DIRECTOR DE HUT, MARK A.**
STREET ADDRESS **P.O. BOX 46361**
CITY-ST-ZIP **ST. PETE BEACH FL 33741**

TITLE ☒ Delete
NAME **VP OLSON, DAVID**
STREET ADDRESS **3112 WOLFE RD.**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☒ Addition
NAME **VP/DAVIS, DEBBIE**
STREET ADDRESS **303 GULF WAY**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **19 MARCH 2003 (727) 743-8701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)