

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09892

1. Entity Name
ASBESTOS CERTIFIED TECHNICIANS, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90093 038 ***558.75

Principal Place of Business

6409 LAND O' LAKES BLVD
LAND O'LAKES FL 34639
US

Mailing Address

6409 LAND O' LAKES BLVD.
LAND O'LAKES FL 34639
US

2. Principal Place of Business

6409 Land O Lakes Blvd.

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Land O Lakes, Florida

City & State

same

4. FEI Number

59-3033344

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

same

Country

same

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, E.C.
4719 TAMNEY LAN
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

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!!! 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 PD ☐ Delete
NAME E. C. WEBB
STREET ADDRESS 4719 TAMNEY LANE
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-2-00

CR2E034 (5/00)