

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90061 022 \*\*\*150.00

**DOCUMENT # S18987**

1. Entity Name

**A TO Z CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

23775 CHRISTMAS CEME. RD.  
CHRISTMAS FL 32709  
US

23775 CHRISTMAS CEME. RD.  
CHRISTMAS FL 32709  
US

00036979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1818 FRANK ST**

Suite, Apt. #, etc.

3. Mailing Address

**1818 FRANK ST**

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

Zip

**32826**

Country

**USA**

City & State

**ORLANDO, FLORIDA**

Zip

**32826**

Country

**ORANGE**

4. FEI Number

**59-3043451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**QUALLS, JAMES A.**  
**23775 CHRISTMAS CEMETERY RD.**  
**CHRISTMAS FL 32709**

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 \$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

TITLE **P** ☐ Delete  
NAME **QUALLS, JAMES A.**  
STREET ADDRESS **23775 CHRISTMAS CEME. RD.**  
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **D** ☐ Delete  
NAME **QUALLS, JAMES A.**  
STREET ADDRESS **23775 CHRISTMAS CEME. RD.**  
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **ST** ☐ Delete  
NAME **QUALLS, JUDITH G.**  
STREET ADDRESS **23775 CHRISTMAS CEME. RD.**  
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **VP** ☒ Delete  
NAME **GREEN, EDWARD**  
STREET ADDRESS **2502 CRICKET TR**  
CITY-ST-ZIP **TITUSVILLE FL**

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  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **CHET QUALLS**  
CITY-ST-ZIP **435 EXETER ST.**  
**ORLANDO, FLORIDA 32820**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**JAMES A QUALLS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A Qualls**

Date

Daytime Phone #

**26 MAR 01 407 382 2042**

CR2E034 (10/00)