## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address, with all other like empowered.

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **635690** 1. Entity Name PICERNO CONSTRUCTION COMPANY, INC. 03-15-2000 90020 012 \*\*\*150.00 Mailing Address Principal Place of Business 1304 SW 160TH AVE 1304 SW 160TH AVE SUITE 639 SUITE 639 SUNRISÉ FL 33326-1902 SUNRISE FL 33326 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2218598 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICERNO, ANGELA Street Address (P.O. Box Number is Not Acceptable) 1304 SW 160TH AVE SUNRISE FL 33326 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SAME Change ☐ Addition ☐ Delete TITLE PICERNO, ANGELA NAME NAME 950-23 BLANDING BLVD. #307 STREET ADDRESS 1628 NORTHWEST 90TH WAY STREET ADDRESS ORANGE PARK, FL. 38065 CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP SAME Change ☐ Addition ☐ Delete TITLE TITLE SAME PICERNO, RICHARD A NAME NAME 950-23 BLANDING BLUD. #307 1628 NORTHWEST 90TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP ORANGE PARK, FL. 32065 ☐ 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 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

HARD A. PILLENO