

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90241 033 \*\*\*150.00

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<b>DOCUMENT # P99000109135</b>	
1. Entity Name <b>FLA-COLCON, INC.</b>	
Principal Place of Business <b>GARDENS CORP CTR 3801 PGA BLVD, SUITE 555 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>GARDENS CORP CTR 3801 PGA BLVD, SUITE 555 PALM BEACH GARDENS FL 33410</b>



DO NOT WRITE IN THIS SPACE

3801 PGA Boulevard  
 Suite 600  
 Palm Beach Gardens, FL 33410

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 Suite 600  
 Palm Beach Gardens, FL 33410

4. FEI Number <b>65-0968165</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>REGSERV CORP. GARDENS CORP CTR 3801 PGA BLVD, SUITE 555 PALM BEACH GARDENS FL 33410</b>	<b>REGSERV CORP. 3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410</b>
	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, 2002 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. DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENDINA, BRUCE A</b> <b>222 LAKEVIEW AVE, 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce A. Rendina D/P/CEO</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRUCCI, MARK A</b> <b>CT CORPORATION SYSTEM 1209 ORANGE ST</b> <b>WILMINGTON DE 19801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>DISALVO, PATRICK J</b> <b>222 LAKEVIEW AVE, 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patrick J. DiSalvo VP/S/T</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence B. Juran VP/AS</b> <b>3801 PGA Boulevard, Suite 600</b> <b>Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** **Patrick J. DiSalvo** **2/20/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date **561-630-5055**

CR2E034 (9/01)