

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15719

1. Entity Name

FLORIDA CONSULTING CONTRACTORS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90222 047 ***150.00

Principal Place of Business

Mailing Address

11327 43RD ST N
CLEARWATER FL 34622-4923

11327 43RD ST N
CLEARWATER FL 33762-4923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2106536**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANGELO DISALVATORE
11327 43RD ST N
CLEARWATER FL 33520

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 _____ (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, 2000 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	SD	MARCIANO, FRANKLIN A	11327 - 43RD ST NORTH CLEARWATER, FL 33520	☐					☐	☐
	PD	DISALVATORE, ANGELO J	11327 - 43RD ST NORTH CLEARWATER, FL 33520	☐					☐	☐
	D	FABRIZI, RICHARD J	6001-51ST ST S ST PETE, FL 00000	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 08 2000

Date

Daytime Phone #

CR2E034 (9/99)