

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90168 049 \*\*\*150.00

**DOCUMENT # 648601**

1. Entity Name  
**SHEFFIELD CONSTRUCTION CO., INC.**



Principal Place of Business  
**1170 HILLSBORO MILE  
SUITE #101  
HILLSBORO BEACH FL 33062**

Mailing Address  
**1170 HILLSBORO MILE  
SUITE #101  
HILLSBORO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2037436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE LALLA, VINCENT  
1170 HILLSBORO MILE  
SUITE 101  
HILLSBORO BCH. FL 33062**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELALLA, VINCENT	
STREET ADDRESS	1170 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHWED, WILLIAM G.	
STREET ADDRESS	1170 HILLSBORO MILE, APT. 101	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELALLA, JAMES	
STREET ADDRESS	1170 HILLSBORO MILE, APT. 101	
CITY-ST-ZIP	HILLSBORO BCH. FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELLEN, DEALLA M	
STREET ADDRESS	1170 HILLSBOROUGH MILE APT 101	
CITY-ST-ZIP	HILLSBOROUGH BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PASSERINI, NICK	
STREET ADDRESS	1170 HILLSBORO MILE, APT 305	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Vincent De Lalla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-03

Date

904-481-5235  
Daytime Phone #

CR2E034 (10/02)