


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000003374**

1. Entity Name  
**DANVILLE CONSTRUCTION & Engineering INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUL -1 PM 3:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>CR1665 Ind. Park</b>	3. Mailing Address <b>10213 Kennard Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>PORT ST. LUCIE, FL</b>	City & State <b>PORT ST. LUCIE FL</b>	4. FEI Number <b>23-1751533</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34952</b>	Country <b>Lucie</b>	Zip <b>34952</b>	Country <b>Lucie</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <b>Armand Ruocco</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1814 ERWIN RD.</b>
City <b>PSL,</b>
State <b>FL</b>
Zip Code <b>34952</b>

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 *Armand Ruocco, Pres.* DATE 6/27/03

(NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 / Fee is \$150.00</b> <b>After May 1, Fee is \$650.00</b> <b>Amended UBR is \$61.25</b> ← <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	<b>PRESIDENT, T.S</b>	TITLE	
NAME	<b>ARMAND RUOCCO</b>	NAME	
STREET ADDRESS	<b>1814 ERWIN ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PSL, FL, 34952</b>	CITY-ST-ZIP	
TITLE	<b>VICE PRES.</b>	TITLE	<b>100021196251</b>
NAME	<b>DANIEL ALLESSANDRINI</b>	NAME	<b>06/30/03--01069--003 **61.25</b>
STREET ADDRESS	<b>1831 BOMA AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PSL, FL, 34952</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with another like empowered.

SIGNATURE: *Armand Ruocco, Pres.* DATE: 6-27-03 712 370-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*7/1/03*