

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003641

1. Entity Name  
AHS CONSTRUCTION GROUP, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90002 042 \*\*\*158.75

Principal Place of Business

Mailing Address

335 FERRY BLVD.  
STRATFORD CT 06497

335 FERRY BLVD.  
STRATFORD CT 06497

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 06-1170817

Applied For

Not Applicable

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

SALCE, ANTHONY H JR.  
4255 GULFSHORE BLVD. N. #1103  
NAPLES FL 34103

Name

ANTHONY H. SALCE JR.

Street Address

3292 GREEN DOLPHIN LANE

City

NAPLES

FL

Zip Code

34102

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

ANTHONY H. SALCE JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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, 2001 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 CPT  
NAME SALCE, ANTHONY H JR.  
STREET ADDRESS 4255 GULFSHORE BLD. N #1103  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE CPT  
NAME SALCE, ANTHONY H. JR. ☒ Change ☐ Addition  
STREET ADDRESS 3292 GREEN DOLPHIN LANE  
CITY-ST-ZIP NAPLES FL 34102

TITLE CVS  
NAME MAZZARELLA, DONALD T  
STREET ADDRESS 78 CHESTNUT HILL RD.  
CITY-ST-ZIP TRUMBULL CT 06611 ☐ Delete

TITLE CVS  
NAME MAZZARELLA DONALD T ☒ Change ☐ Addition  
STREET ADDRESS 649 BOWE LINE DRIVE  
CITY-ST-ZIP NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

203-378-1876

Daytime Phone #

CR2E034 (10/00)