

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19874

1. Entity Name

FLORIDA CONSTRUCTION CONSULTING & MANAGEMENT CO.

Principal Place of Business

Mailing Address

6645 RIDGE ROAD, SUITE ONE  
%ALFRED W. TORRENCE, JR.  
PORT RICHEY FL 34668

6645 RIDGE ROAD, SUITE ONE  
%ALFRED W. TORRENCE, JR.  
PORT RICHEY FL 34668-6838

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

59-2626706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W. JR.  
6645 RIDGE ROAD, SUITE ONE  
PORT RICHEY FL 34668

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.

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, 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

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS CENTELLA, PAUL  
CITY-ST-ZIP 8710 LAFITTE DR.  
HUDSON FL

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CENTELLA, THOMAS G.  
CITY-ST-ZIP 11830 LAKEWOOD DR.  
HUDSON FL

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS CENTELLA, RICK M.  
CITY-ST-ZIP 4280 CINNAMON LANE  
BROOKSVILLE FL

TITLE ☐ Delete  
NAME V  
STREET ADDRESS WOLSZON, GEORGE JR  
CITY-ST-ZIP 6403 SMITHFIELD AVE  
BROOKSVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

227-862-7955

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90061 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE