


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90145 014 \*\*\*158.75

0419581 AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> K12050                             |  |
| 1. Entity Name<br>FONTANAROSA CONSTRUCTION CO., INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>18646 STILL LAKE DR.<br>JUPITER FL 33458-0707 | Mailing Address<br>18646 STILL LAKE DR.<br>JUPITER FL 33458-0707 |
|--|--|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

CHECK HERE IF MAKING CHANGES

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                    |  | 7. Name and Address of New Registered Agent                        |  |
| FONTANAROSA, PETER<br>18646 STILL LAKE DR<br>JUPITER FL 33458-0707 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
|  |  | FL Zip Code  |  |

|                                  |                                     |                                |                |
|----------------------------------|-------------------------------------|--------------------------------|----------------|
| 4. FEI Number                    | 65-0022282                          | Applied For                    | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |                |

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 \_\_\_\_\_ (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. | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--------------------------|-----------------------------|

| 10. OFFICERS AND DIRECTORS                     |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>FONTANAROSA, PETER<br>18646 STILL LAKE DR<br>JUPITER FL | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FONTANAROSA, PETER<br>18646 STILL LAKE DR<br>JUPITER FL   | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:** *Peter Fontanarosa* **PETER FONTANAROSA** 4/22/03 716-417-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)