

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90033 006 ****58.75

DOCUMENT # L01000006170

1. Entity Name

NEW CENTURY GROUP, L.L.C.



Principal Place of Business

**5215 OLD GALLOWES
NAPLES FL 34105**

Mailing Address

**5215 OLD GALLOWES
NAPLES FL 34105**

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 **59-3717032**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AGATINO, LOUIS
821 FIFTH AVE. SOUTH, STE. 201
NAPLES FL 34102**

Name

DAGOSTINO, LOUIS

Street Address (P.O. Box Number is Not Acceptable)

821 FIFTH AVE. SOUTH, STE. 201

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GERE TERRICO/INTERRCON GLOBAL INC.**
STREET ADDRESS **4877 LAKE CECILE DR.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **MGR** ☒ Change ☐ Addition
NAME **GENE TERRICO/INTERRCON Global INC.**
STREET ADDRESS **4877 LAKE CECILE DR.**
CITY-ST-ZIP **KISSIMMEE, FL. 34746**

TITLE **MGR** ☐ Delete
NAME **BYONCERVELLO, SONNY**
STREET ADDRESS **HOMETOWN REALTY P. O. BOX 470127**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **MGR** ☐ Delete
NAME **VEINOVICH, PAUL**
STREET ADDRESS **AEC NATIONAL INC. 5150 N. TAMiami TR.**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **T** ☐ Delete
NAME **D'AGOSTINO, FRANK**
STREET ADDRESS **5215 OLF GALLOWES WAY**
CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Frank D'Agostino

FRANK D'AGOSTINO

4-15-03

239 403 4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)