

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90039 036 \*\*\*158.75

0529592

**DOCUMENT # M65906**  
 1. Entity Name  
**CAGNI CONSTRUCTION COMPANY, INC.**

Principal Place of Business      Mailing Address  
 144 DEVON DR      PO BOX 1045  
 CLEARWATER FL 34630      CLEARWATER FL 34617  
 US      US

2. Principal Place of Business      3. Mailing Address  
**1230 SOUTH MYRTLE AVE**      **P.O. Box 1045**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 405**  
 City & State      City & State  
**CLEARWATER, FLORIDA**      **CLEARWATER, FLORIDA**  
 Zip      Country      Zip      Country  
**33756**      **US**      **33757**      **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2868892**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAGNI, MARK**  
**144 DEVON DRIVE**  
**CLEARWATER FL 33767**

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 *Mark Cagni*      **MARK CAGNI**      **04/06/01**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAGNI, MARK E. 144 DEVON DR. CLEARWATER BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAGNI, DIANE 144 DEVON DR. CLEARWATER BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mark Cagni*      **MARK CAGNI**      **04/06/01**      **(727) 442-4087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)