

**2000 UNIFORM BUSINESS REPORT (UBR)**

03-05-2001 90320 035 \*\*\*236.25  
N45071

0007963

**DOCUMENT # N45071**

1. Entity Name

**SOUTHEAST REGION OF THE CONSTRUCTION SPECIFICATI**

**FILED**

**01 APR -4 AM 10: 59**

**624760**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 760 US HWY 1 SUITE 301 N PALM BEACH FL 33408 US	Mailing Address 760 US HWY 1 SUITE 301 N PALM BEACH FL 33408 US
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2. Principal Place of Business <b>6910 CARISSA CIRCLE</b>	3. Mailing Address <b>6910 CARISSA CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>	4. FEI Number <b>65-0474525</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33406</b>	Country <b>USA</b>	Zip <b>33406</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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8. Name and Address of Current Registered Agent

**SCHATMEISTER, CAROLE**  
848 NE 100 ST  
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name: ~~FRANK J. HALL~~ **MIKE GIGLIO**  
Street Address (P.O. Box Number is Not Acceptable):  
~~521 N. CHURCH STREET #200~~  
**6910 CARISSA CIRCLE, WEST PALM BEACH, FL 33406**  
City: ~~CHARLOTTE, NC~~ **FL** Zip Code: ~~28202~~

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **07/13/00**

**FILE NOW: FEE IS \$61.25**  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME: PD SCHAFMEISTER, CAROLE STREET ADDRESS: 848 NE 100 ST CITY-ST-ZIP: MIAMI FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME: VD HALL, DENNIS STREET ADDRESS: 501 N. CHURCH ST., #200 CITY-ST-ZIP: CHARLOTTE NC 28202	<input type="checkbox"/> Delete
TITLE NAME: T PIERSOL, JAMES STREET ADDRESS: 2780 SW DOUGLAS RD., SUITE 302 CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: <b>PRESIDENT</b> STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <b>TREASURER/SECRETARY</b> STREET ADDRESS: <b>PAUL GORRAD</b> CITY-ST-ZIP: <b>5300 GRANDA BLVD., DELAUNO, FL 32836</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: <b>VICE PRESIDENT</b> STREET ADDRESS: <b>MICHAEL J. GIGLIO</b> CITY-ST-ZIP: <b>6910 CARISSA CIRCLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: [Blank] STREET ADDRESS: <b>WEST PALM BEACH, FL 33406</b> CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE: **07/13/00** DAYTIME PHONE #: **861-459-1552**

CR20037 (5/00)

3/8