

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

02309937 AV

DOCUMENT # P00000050638

1. Entity Name
PALM BEACH CONSTRUCTION CONSULTANTS, INC.

04-29-2002 90120 034 ***150.00

Principal Place of Business
230 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480

Mailing Address
230 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480



2. Principal Place of Business
9311 Yearling Dr
 Suite, Apt. #, etc.

3. Mailing Address
9311 Yearling Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth FL.
 Zip
33467 Country
US

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Lake Worth FL.
 Zip
33467 Country
US

4. FEI Number
65-1016111 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ETERGINIO, MICHAEL M
230 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name **ETERGINIO, Michael M**
 Street Address (P.O. Box Number is Not Acceptable)
9311 Yearling Dr.
 City **Lake Worth FL** Zip Code **33467**

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 Michael M. Eterginio
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ETERGINIO, MICHAEL M 2565 SOUTH OCEAN BLVD #106 PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition ETERGINIO, Michael M 9311 Yearling Dr. Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael M. Eterginio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (561) 308-5275
Date Daytime Phone #

CR2E034 (9/01)