

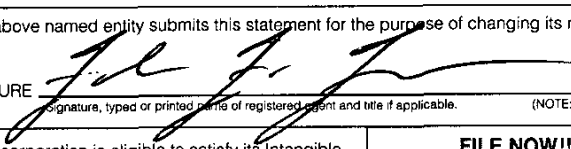
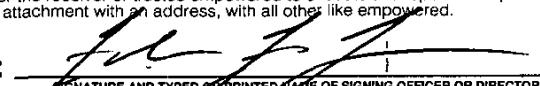
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90058 016 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000100130			
1. Entity Name FIORE CONSTRUCTION, INC.			
Principal Place of Business 284 S MOON AVE BRADENTON FL 33511		Mailing Address 284 S MOON AVE BRADENTON FL 33511	
2. Principal Place of Business 284 S. MOON AVE Suite, Apt. #, etc.		3. Mailing Address 284 S. MOON AVE Suite, Apt. #, etc.	
City & State BRANDON FL		City & State BRANDON FL	
Zip 33511		Country USA	
4. FEI Number 59-3676562		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIORE, FABIO F 284 S MOON AVE BRADENTON FL 33511		7. Name and Address of New Registered Agent Name FIORE, FABIO F. Street Address (P.O. Box Number is Not Acceptable) 284 S. MOON AVE City BRANDON FL Zip Code 33511	
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 _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE PSTD <input type="checkbox"/> Delete NAME FIORE, FABIO F STREET ADDRESS 284 S MOON AVE CITY-ST-ZIP BRADENTON FL 33511		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 8 JAN 2001 (813) 240-4208	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/00)