200	1 UNIFORM BUSI	NESS REPO	RT (UB	R)					
DOCUMENT # P00000 100507									
1. Entity Name FLORIDA CONSTRUCT ALL									
INTERNATIONAL, INC.					FILED				
Principal Place of Business Mailing Address					01 SEP 21 AM 11: 27				
2703 Austin Rose Ln.		2703 Austin RoseLn							
Orange Park, FL		Orange Park, FL 32073			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2 Principal F	32073 Place of Business	3 2073			1 741-124117	toole, reomi	)M		
<u>'</u>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			FEI Number 59-36795	-98		ed For opplicable	-
Zip	Country	Zip	Country		Certificate of Status Desired	, S8.7	5 Addition	onal	1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Michael J. Brusca Street Address 15					Box Number is Not Accepta	hia)			-
	703 Austin Ros	· Ln.		Address (F.O.	C ARAE	Nnen	1		-
01	range Park, FL	32073	City		9 WINE		o Code		$\frac{1}{2}$
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered ac	ent, or both, in the State of	FL   '			-
	,				-0973 -0973	<b>46097</b> 5 25/010101	99— 7—02	<b>-1</b>	
SIGNATURE	Signature, typed or printed name of registered agent an	od title if applicable. (NOTE	:: Registered Agent signs	ature required when r	alestestes	**61-25 **			
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00					10. Election Campaign	, m	\$5.00		
(See criteria on back)		Make Check Payab	le to Departme	nt of State	Trust Fund Contribu		Added to		
11.	President	DIRECTORS Delete	12.		oditions/changes to c - <i>Presiden</i> +			V 11	18
NAME	Mike Brusca 2703 Austin Rose		NAME	Kare	n T. Brusca		9-		CR2E034 (11/00
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NAME STREET ADDRESS			NAME STREET ADDRESS		$\mathcal{I}$	)			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	***************************************				-
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									
= .	or on an attachment with an address, wi	th all other like empowered.			-d 1				)
SIGNATURE: 8/30 00   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #									