

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000100507*

1. Entity Name
*FLORIDA CONSTRUCT ALL
INTERNATIONAL, INC.*

Principal Place of Business Mailing Address
*2703 Austin Rose Ln. 2703 Austin Rose Ln.
Orange Park, FL Orange Park, FL
32073 32073*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

*Michael J. Brusca
2703 Austin Rose Ln.
Orange Park, FL 32073*

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 J. Brusca* (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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 *President* ☐ Delete
STREET ADDRESS *Mike Brusca*
CITY-ST-ZIP *2703 Austin Rose Ln.*
Orange Park, FL 32073

TITLE NAME *Vice-President* ☐ Change ☒ Addition
STREET ADDRESS *Karen T. Brusca*
CITY-ST-ZIP *2703 Austin Rose Ln.*
Orange Park, FL 32073

TITLE NAME ☐ Delete ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete ☐ Change ☐ Addition
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: *Michael J. Brusca* 8/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 SEP 21 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

AS AMENDED

CR2E034 (11/00)