

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91288 041 ***158.75

DOCUMENT # P01000068531

1. Entity Name

ASSOCIATED CONSTRUCTION INDUSTRIES, INC.

Principal Place of Business

~~1101 SOUTH ROGERS CIRCLE~~
~~SUITE 22~~
~~BOCA RATON FL 33407~~

Mailing Address

~~1101 SOUTH ROGERS CIRCLE~~
~~SUITE 22~~
~~BOCA RATON FL 33407~~

2. Principal Place of Business

21218 St Andrews Blvd

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433-2449

Country

USA

Zip

33433-2449

Country

USA

4. FEI Number

03-0379360

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL VECCHIO, PAUL J

~~1101 SOUTH ROGERS CIRCLE~~ 21218 St. Andrews Blvd.

~~SUITE 22~~

#204

~~BOCA RATON FL 33407~~

Boca Raton, FL 33433-2449

7. Name and Address of New Registered Agent

Name N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

N/A

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Paul J. Del Vecchio
STREET ADDRESS	21218 St. Andrews Blvd. #204
CITY-ST-ZIP	Boca Raton, FL 33433-2449
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST Jacqueline Del Vecchio
STREET ADDRESS	21218 St. Andrews Blvd. #204
CITY-ST-ZIP	Boca Raton, FL 33433-2449
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/30/02 561-422-9191

CR2E034 (9/01)