

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90337 043 ***158.75

DOCUMENT # P01000108881

1. Entity Name

PAUL J. DEL VECCHIO CONSTRUCTION CONSULTANTS, IN C.

Principal Place of Business

~~1181 SOUTH ROGERS CIRCLE~~
~~SUITE 22~~
~~BOCA RATON FL 33487~~

Mailing Address

~~1181 SOUTH ROGERS CIRCLE~~
~~SUITE 22~~
~~BOCA RATON FL 33487~~

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

4. FEI Number

05-1158652

Applied For

Not Applicable

Zip
 33433-2449

Country
 USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL VECCHIO, PAUL J

~~1181 SOUTH ROGERS CIRCLE~~ 21218 St. Andrews Blvd.

~~SUITE 22~~ #204

~~BOCA RATON FL 33487~~ 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, type 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	P	<input type="checkbox"/> Delete
NAME	DEL VECCHIO, PAUL J	
STREET ADDRESS	1181 SOUTH ROGERS CIRCLE, SUITE 22	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEL VECCHIO, JACQUELINE	
STREET ADDRESS	1181 SOUTH ROGERS CIRCLE, SUITE 22	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21218 St. Andrews Blvd. #204	
STREET ADDRESS	Boca Raton, FL 33433-2449	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21218 St. Andrews Blvd. #204	
STREET ADDRESS	Boca Raton, FL 33433-2449	
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		
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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 #

CR2E034 (9/01)