

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90105 026 \*\*\*550.00

0001280 AV

**DOCUMENT # P02000018827**

1. Entity Name  
**BIG APPLE CONSTRUCTION, INC.**



Principal Place of Business  
**1500 SAN JOSE BLVD.  
HOLLY HILL FL 32117**

Mailing Address  
**1500 SAN JOSE BLVD.  
HOLLY HILL FL 32117**

2. Principal Place of Business  
**487 S. YONGE ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**487 S. YONGE ST**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**ORMOND BEACH, FL**  
Zip  
**32174**  
Country  
**U.S.A.**

City & State  
**ORMOND BEACH, FL**  
Zip  
**32174**  
Country  
**U.S.A.**

4. FEI Number  
**20-0013132**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GIACCONE, PATRICIA  
1500 SAN JOSE BLVD.  
HOLLY HILL FL 32117**

**7. Name and Address of New Registered Agent**

Name  
**GIACCONE, PATRICIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**13 SMITH TR**  
City  
**PALM COAST, FL** Zip Code  
**32164**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GIACCONE, PATRICIA</b>	
STREET ADDRESS	<b>1500 SAN JOSE BLVD</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>GIACCONE, RAMON M</b>	
STREET ADDRESS	<b>1500 SAN JOSE BLVD.</b>	
CITY-ST-ZIP	<b>HOLLY HILL FL 32117</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIACCONE, PATRICIA</b>	
STREET ADDRESS	<b>13 SMITH TR.</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIACCONE, RAMON M</b>	
STREET ADDRESS	<b>13 SMITH TR</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patricia Giaccone **PATRICIA GIACCONE** 8/21/03 673-6211 (386)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)