



**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 030 ***150.00

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DOCUMENT # P02000083549					
1. Entity Name UNITED CONSTRUCTION COMPANY OF CENTRAL FLORIDA					
Principal Place of Business 778 COUNTRY WOOD CIR KISSIMMEE FL 34744		Mailing Address 778 COUNTRY WOOD CIR KISSIMMEE FL 34744			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3860822	Applied For Not Applicable
6. Name and Address of Current Registered Agent A1A CORPORATE SVS INC 1221 BRICKELL AVE STE 900 MIAMI FL 33131				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Name				City	
Street Address (P.O. Box Number is Not Acceptable)				State	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD CLAMARAMBEAU, RHONDA	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	778 COUNTRY WOOD CIR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE NAME	D CLAMARAMBEAU, BARRY	<input type="checkbox"/> Delete	TITLE NAME	PRESIDENT BARRY J. CLARAMBEAU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	778 COUNTRY WOOD CIR		STREET ADDRESS	778 Country Woods Cir	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE NAME	D PETERSEN, BRIAN	<input type="checkbox"/> Delete	TITLE NAME	PRESIDENT BRIAN PETERSEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	778 COUNTRY WOOD CIR		STREET ADDRESS	778 Country Woods Cir	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE NAME	PD PETERSEN, BRANDI	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	778 COUNTRY WOOD CIR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Rhonda Clarambeau</i>			Date: <i>4-30-03</i> Daytime Phone #: <i>407-902-7882</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)