

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90453 038 \*\*\*158.75

**DOCUMENT # P93000024001**

1. Entity Name  
**CERTIFIED CONSTRUCTION OF KEY WEST, INC.**

Principal Place of Business

1330 SIMONTON ST  
 KEY WEST FL 33040  
 US

Mailing Address

1330 SIMONTON ST  
 KEY WEST FL 33040  
 US

2. Principal Place of Business

**1231 SOUTH ST.**

Suite, Apt. #, etc.

**KEY WEST, FL.**

City & State

3. Mailing Address

**1231 SOUTH ST.**

Suite, Apt. #, etc.

**KEY WEST, FL.**

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0396807**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSASCO, MARK A**  
**1330 SIMONTON ST**  
**KEY WEST FL 33040**

Name

**ROSASCO, MARK A**

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

**1231 SOUTH ST.**

City

**KEY WEST**

FL

Zip Code

**33040**

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

*Mark A. Rosasco*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/01**

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, 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

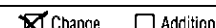
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**ROSASCO, PETER L**  
**6335 HWY C-30**  
**PORT SAINT JOE FL 32456**



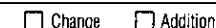
TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**HEIDI S. ROSASCO**  
**1231 SOUTH ST.**  
**KEY WEST, FL.**



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD**  
**ROSASCO, MARK A**  
**1231 S. STREET**  
**KEY WEST FL**



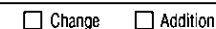
TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP



TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP



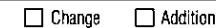
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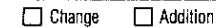
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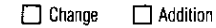
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TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



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:

*Heidi S. Rosasco*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-290-0920**

CR2E034 (10/00)