

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0416794 AV

DOCUMENT # P95000031329

1. Entity Name
PASQUALE CONSTRUCTION, INC.



04-21-2003 90330 044 ***150.00

Principal Place of Business
8715 SAWPINE ROAD
DELRAY BEACH FL 33446
US

Mailing Address
8715 SAWPINE ROAD
DELRAY BEACH FL 33446
US



2. Principal Place of Business

3. Mailing Address

2395 S. OCEAN BLVD

2395 S. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

HIGHLAND BCH, FL

City & State

HIGHLAND BCH, FL

4. FEI Number

65-0575683

Applied For

Not Applicable

Zip

33487

Country

U.S.

Zip

33487

Country

U.S.

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

PASQUALE, ANTHONY F
3907 N.W. 4TH COURT
DEERFIELD BEACH FL 33442

ADDRESS CHANGE

Name PASQUALE, ANTHONY F

Street Address (P.O. Box Number is Not Acceptable)
2395 S. OCEAN BLVD

City HIGHLAND BCH

FL

Zip Code 33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PASQUALE, ANTHONY F
STREET ADDRESS 8715 SAWPINE ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446-9544 ☒ Delete

TITLE D
NAME PASQUALE, ANTHONY F
STREET ADDRESS 2395 S. OCEAN BLVD
CITY-ST-ZIP HIGHLAND BCH, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)