

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000083970**

1. Entity Name

NEW CENTURY CONSTRUCTION, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90073 015 ***150.00

Principal Place of Business

**860 ACAPULCO ROAD
JACKSONVILLE FL 32216**

Mailing Address

**860 ACAPULCO ROAD
JACKSONVILLE FL 32216**

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 **59-3409830**

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****CASONE, DIANA REED
860 ACAPULCO RD
JACKSONVILLE FL 32216**

Name

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

Signature, typed 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, 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	V CASONE, STEVEN D 1235 HALIFAX ROAD JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASONE, MICHAEL J 860 ACAPULCO ROAD JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASONE, DIANA R 860 ACAPULCO RD JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, DAVID 2454 WATTLE TREE ROAD EAST JACKSONVILLE FL 32246	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 (10/00)