

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P96000083970 **AMENDED**

1. Entity Name

NEW CENTURY CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 PM 3:05

Principal Place of Business **Mailing Address.**

860 ACAPULCO RD 860 ACAPULCO RD
JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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**

CASCONI, DIANA REED
860 ACAPULCO ROAD
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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASCONI, STEVEN D 1235 HALIFAX ROAD JACKSONVILLE, FL 32216 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASCONI, DIANA R 860 ACAPULCO ROAD JACKSONVILLE, FL 32216 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASCONI, MICHAEL J 860 ACAPULCO ROAD JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, DAVID 10541 ANDERS BLVD JACKSONVILLE, FL 32246 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCONI, DIANA R 860 ACAPULCO ROAD JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, JASON D 1349 GRIFLET ROAD JACKSONVILLE, FL 32211 ☐ Change ☒ Addition		
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		000004467610--4 -07/10/01--01063--001 *****62 50 *****62 50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 MICHAEL CASCONI (P) **5/7/01** **904-296-1595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)