

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90066 003 ***150.00

DOCUMENT # P96000083970

1. Entity Name
NEW CENTURY CONSTRUCTION, INC.

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

4. FEI Number

59-3409830

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CASCONE, 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, 2002 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	V	☐ Delete
NAME	CASCONE, DIANA R	
STREET ADDRESS	860 ACAPULCO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PD	☐ Delete
NAME	CASCONE, MICHAEL J	
STREET ADDRESS	860 ACAPULCO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	☒ Delete
NAME	REED, DAVID	
STREET ADDRESS	10541 ANDERS BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	☐ Delete
NAME	ALVAREZ, JASON D	
STREET ADDRESS	1349 GRIFLET ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Change ☒ Addition
NAME	HIGGS, ELIZABETH C.	
STREET ADDRESS	455 West 71st Street	
CITY-ST-ZIP	JAX, FL 32208	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

DIANA R Cascone VP DIANA R CASCOLE

4/25/02

904-296-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)