


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10fz

DOCUMENT # P97000007310 1. Entity Name CICALESE CUSTOM BUILDERS, INC.	
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FILED
03 APR -3 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000015284130
04/03/03--01025--012 **300.00

2. Principal Place of Business 2401 C.H. ARNOLD RD Suite, Apt. #, etc.	3. Mailing Address 2401 C.H. ARNOLD RD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE **02-03**

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL	4. FEI Number 65-0724126	Applied For <input type="checkbox"/> Not Applicable
Zip 32092	Country USA	Zip 32092	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JOHN T CICALESE	
Street Address (P.O. Box Number if applicable) 2401 C.H. ARNOLD RD	
City ST. AUGUSTINE, FL	Zip Code 32092

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  **JOHN T CICALESE** DATE **3-12-03**

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOHN T CICALESE 2401 C. H. ARNOLD RD ST. AUGUSTINE, FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **John T Cicalese** President 3-12-03

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

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2052

CICALESE CUSTOM BUILDERS, INC.
2401 C.H. ARNOLD ROAD
ST. AUGUSTINE, FL 32092-0205

March 12, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P97000007310

Dear Sir:

Enclosed please find a check for \$300.00 to cover annual report fees for CY 2002 and 2003 along with completed UBR form. I never received the renewal form.

My company has moved and I have a new mailing address:
2401 C.H. Arnold Road, St. Augustine, FL 32092-0205.

Please accept this check in good faith, I was not aware until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



JOHN T. CICALESE
President