

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90030 032 \*\*\*150.00

**DOCUMENT # P98000072743**

1. Entity Name  
**SOMERSET CONSTRUCTION, INC.**

Principal Place of Business 12800 UNIVERSITY DRIVE #600 FORT MYERS FL 33907	Mailing Address 12800 UNIVERSITY DRIVE #600 FORT MYERS FL 33907-5337
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10801 Corkscrew Road</b> Suite, Apt. #, etc. <b>Suite 199</b>	3. Mailing Address <b>41 Main Street</b> Suite, Apt. #, etc.
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City & State <b>Estero, Florida</b>	City & State <b>Bolton, Mass.</b>	4. FEI Number <b>65-0859634</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33921</b>	Country <b>USA</b>	Zip <b>01740</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CICCARONE, MICHAEL J</b> 12800 UNIVERSITY DRIVE #600 FORT MYERS FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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, 2000 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	<b>PD</b> <b>MILLER, MARGARET J</b> <b>237 HYMUS BLVD. POINTE CLAIRE</b> <b>QUEBEC CANADA H9R5C7</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Miller, Margaret J.</b> <b>24810 Burnt Pine Drive #4</b> <b>Bonita Springs FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>CHAMI, H.G.</b> <b>24810 BURNT PINE DRIVE #4</b> <b>BONITA SPRINGS FL 34134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Jones, Keith P.</b> <b>24810 Burnt Pine Drive #4</b> <b>Bonita Springs FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2 :034 (5/99)