

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 042 ***150.00

0428617 AV

DOCUMENT # P99000035148

1. Entity Name

**PRIME COAST CONSTRUCTION MANAGEMENT ASSOCIATES
INC.**



Principal Place of Business
9260 W. INDIANTOWN ROAD
JUPITER FL 33478

Mailing Address
9260 W. INDIANTOWN ROAD
JUPITER FL 33478



2. Principal Place of Business

763 ALTERNATE A1A

3. Mailing Address

763 ALTERNATE A1A

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33477

Country

Zip

33477

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0939879

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BARRY W
900 E. INDIAN TOWN ROAD STE. 300
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

JOHN DIECKMANN c/o PRIME COAST

Street Address (P.O. Box Number is Not Acceptable)

1063 ALTERNATE A1A

2ND FLOOR

City

JUPITER

FL

Zip Code

33477

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CIAGLO, DENNIS M**
CITY-ST-ZIP **9260 W. INDIANTOWN ROAD**
JUPITER FL 33478

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIECKMANN, JOHN G**
CITY-ST-ZIP **9260 W. INDIANTOWN ROAD**
JUPITER FL 33478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 Block 11 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 #

4-28-03

CR2E034 (10/02)