2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000050823 **DOCUMENT #**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LANGZIA

La Càcas

LAGRASTA & SONS PRECAST, INC.

|--|

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

01-27-2003 90329 036 ***150.00

					e Tels						
Principal Place 9625 6TH ST. NAPLES FL 3	NORTH		Address H ST. NORTH FL 34108					181) 93 11 96 11		1/II Ario i (a ik o	# ### ### # ##
2. Principal P	lace of Business	3. Mailing	Address								
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				П сн∈с	K HERE IF	MAKING	CHANGES	
City & State	<u>. </u>	City &	City & State								plied For
7io	Country	Zin	Zip Country			3,	7-1428	<u>982</u>			ot Applicable
				Country		5. Ce	rtificate of Status I	Desired		8.75 Add ee Require	
	6. Name and Address of Cur	rent Registered	Agent	Nama		7. Na	me and Address	of New Reg	istered A	gent	
LAGRAST	A, IGANAZIO			Name —				<u> </u>			
	ST. NORTH			Street A	ddress (P.O. Box	Number is Not Ac	ceptable)			
NAPLES F											
	14			City		·	 		FL	Zip Code)
The obligati	named entity submits this statements of registered agent.	ent for the purpos	e of changing its	registered office o	r register	ed agen	t, or both, in the Si	tate of Floric	da. I am fa	miliar with,	and accept
SIGNATURE		agent and title if applica	ble. (NOTI	E: Registered Agent signal	ture required	when reins	tating)		DATE		
(7,39)	LE NOW!!! FEE IS \$150.00		- 		·		9. Election Cam	nnaign Finac	neina	ee n	0 May Be
	May 1, 2003 Fee will be \$550 Payable to Florida Departme						Trust Fund Co	. •			to Fees
10.		AND DIRECTORS		11.		ADDI	TIONS/CHANGES	TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE	P Lagrasta, Mauro		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	246 BAYVIEW AVE. NAPLES FL 34108			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	V		☐ Delete	TITLE	 		-			Change	Addition
NAME STREET ADDRESS	LAGRASTA, IGNAZIO 246 BAYVIEW AVE. NAPLES FL 34108			NAME STREET ADDRESS CITY-ST-ZIP	960	15 (oth St. N	10RTH		•	
CITY-ST-ZIP	NAPLES PL 34100		Delete .	TITLE						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		_	☐ Delete	TITLE NAME						☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			,	•			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS						☐ Change	☐ Addition
CITY-ST-ZIP		.		CITY-ST-ZIP	 .					Character Character	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition
12. I hereby of indicated of the core	pertify that the information supplied on this report or supplemental rep poration or the receiver or trustee or on an attachment with an activit	ort is true and ac	curate and that n	r the exemption sta ny signature shall h as required by Cha	ave the s	ame led	al effect as if mad	le under oat	:h: that i ar	n an officer	or director