

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90137 016 ***150.00

DOCUMENT # 315601

1. Entity Name
PRU-LESCO, INC.



Principal Place of Business
**541 PAWTUCKET AVENUE
PAWTUCKET RI 02860**

Mailing Address
**541 PAWTUCKET AVENUE
PAWTUCKET RI 02860**



2. Principal Place of Business
438 E. Main Rd
Suite, Apt. #, etc.
301

3. Mailing Address
438 E. Main Rd
Suite, Apt. #, etc.
301

☐ CHECK HERE IF MAKING CHANGES

City & State
Middletown, R.I.

City & State
Middletown, R.I.

4. FEI Number **05-0314839**

Applied For
Not Applicable

Zip
02842

Country
USA

Zip
02842

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DOUMATO, GABRIEL
123 OCEAN AVENUE
NEWPORT RI 02840** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PAYNE, GENE L
650 DOUGLAS AVENUE, SUITE 1026
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SYDLOWSKI, PAUL
456 POPPASQUASH ROAD
BRISTOL RI 02809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VIENS, ROBERT
1269 NORTH ROAD
DAYVILLE CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: **G. Gabriel Doumato** **1/8/03** **(401) 851-6920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)