

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 329045**

1. Entity Name

**COSTA & SON INC**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 10 AM 9:19

Principal Place of Business

2315 S.E. 12TH ST.  
OCALA FL 34471  
US

Mailing Address

2315 S.E. 12TH ST.  
OCALA FL 34471  
US

LIMITED LIABILITY COMPANY

FOR INFORMATION OF THE SECRETARY OF STATE

FILING



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1210730**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

COSTA, ANGELO  
12 VRABECK DRIVE  
LECANTO FL 32661

7. Name and Address of New Registered Agent

Name

JOHN COSTA

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

2315 S.E. 12TH STREET  
OCALA 34471

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.

SIGNATURE

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

(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

312 After MAY 1, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COSTA, JOHN  
2315 S.E. 12TH ST.  
OCALA FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

051135

COSTA & SON, INC.

Land Developers

P. O. BOX 717

SILVER SPRINGS, FLORIDA 32688

(352) (884) 732-8200

Oct 9, 2001

Division of Corporations  
To Whom This May Concern,

This letter is to inform the  
Division that I never received  
a letter in March. I submitted  
this application back on March 15, 2001.

In the past we were never  
late and at this time this  
would be unfair and would cause  
a hardship at this time. Please  
consider this request.

Thank you  
John R. Costa