

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90031 032 ***150.00

DOCUMENT # 498287

1. Entity Name
SORRENTINO CONSTRUCTION COMPANY, INC.

Principal Place of Business

1194 MARKET CIRCLE
 PORT CHARLOTTE FL 33953
 US

Mailing Address

1194 MARKET CIRCLE
 PORT CHARLOTTE FL 33953-3895
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1737813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, CHARLES T
115 W. OLYMPA AVE
PUNTE GORTA FL 33951

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.

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
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 Delete
P
 NAME **SORRENTINO, JOSEPH C.**
 STREET ADDRESS **4483 GILLEN ST.**
 CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **SORRENTINO, EVELYN**
 STREET ADDRESS **4483 GILLEN ST.**
 CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **SORRENTINO, LOUIS A**
 STREET ADDRESS **3498 JERIGAN ST**
 CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE Change Addition
 NAME *VP Louis A Sorrentino*
 STREET ADDRESS *10038 SW Country Road 769*
 CITY-ST-ZIP *Oradia FL 34266*

TITLE Delete
T
 NAME **SORRENTINO-VARGO, SUSAN**
 STREET ADDRESS **18125 PLACID AVE**
 CITY-ST-ZIP **PT. CHARLOTTE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Joseph C. Sorrentino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Sorrentino

Date

3-8-00

941-629-4850
 Daytime Phone #

CR2E034 (9/99)