

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90122 036 ***150.00

DOCUMENT # 498287

1. Entity Name
SORRENTINO CONSTRUCTION COMPANY, INC.

C0028165



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1194 MARKET CIRCLE PORT CHARLOTTE FL 33953 US	Mailing Address 1194 MARKET CIRCLE PORT CHARLOTTE FL 33953 US
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2. Principal Place of Business <i>2826 Jamiamic Trail</i> Suite, Apt. #, etc. <i>Suite 2</i> City & State <i>Port Charlotte, FL</i> Zip <i>33952</i> Country <i>US</i>	3. Mailing Address <i>2826 Jamiamic Trail</i> Suite, Apt. #, etc. <i>Suite 2</i> City & State <i>Port Charlotte, FL</i> Zip <i>33952</i> Country <i>US</i>
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4. FEI Number 59-1737813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOYLE, CHARLES T
~~115 W. OLYMPA AVE~~ *2315 Aaron Street*
~~PUNTE GORTA FL 33951~~ *P.O. Box 2159*
Port Charlotte, FL 33944-2159

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (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, 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	P SORRENTINO, JOSEPH C. 4483 GILLEN ST. PT. CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SORRENTINO, EVELYN 4483 GILLEN ST. PT. CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SORRENTINO, LOUIS A 10038 S.W. COUNTRY ROAD 769 ARCADIA FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SORRENTINO-VARGO, SUSAN 18125 PLACID AVE PT. CHARLOTTE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph C Sorrentino* **Joseph C Sorrentino** 2/23/2001 941-629-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)