

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **498287**

1. Entity Name  
**SORRENTINO CONSTRUCTION COMPANY, INC.**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90357 032 \*\*\*150.00

Principal Place of Business

**2826 TAMiami TRAIL  
SUITE 2  
PORT CHARLOTTE FL 33952  
US**

Mailing Address

**2826 TAMiami TRAIL  
SUITE 2  
PORT CHARLOTTE FL 33952  
US**

2. Principal Place of Business

*SAME AS ABOVE*

3. Mailing Address

*SAME AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1737813**

Applied For

Not Applicable

Zip

Country

*Charlotte USA*

Zip

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYLE, CHARLES T  
2315 ~~BADON STREET~~ *AARON STREET*  
P.O. BOX 2159  
PORT CHARLOTTE FL 33949-2159**

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, 2002 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 **P** ☐ Delete  
NAME **SORRENTINO, JOSEPH C.**  
STREET ADDRESS **4483 GILLEN ST.**  
CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

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

TITLE **S** ☐ Delete  
NAME **SORRENTINO, EVELYN**  
STREET ADDRESS **4483 GILLEN ST.**  
CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

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

TITLE **VP** ☐ Delete  
NAME **SORRENTINO, LOUIS/A**  
STREET ADDRESS **10038 S.W. COUNTRY ROAD 769**  
CITY-ST-ZIP **ARCADIA FL ~~34268~~ 34269**

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

TITLE **T** ☐ Delete  
NAME **SORRENTINO-VARGO, SUSAN**  
STREET ADDRESS **18125 PLACID AVE**  
CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

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: *X*

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

Date

Daytime Phone #

*3-15-2002 941-629-4850*

CR2E034 (9/01)