

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 048 ***150.00

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DOCUMENT # 618276

1. Entity Name
SCIOLI BUILDERS, INC.



Principal Place of Business
25400 S.W. 140 AVE.
HOMESTEAD FL 33032-5433
US

Mailing Address
25400 S.W. 140 AVE.
HOMESTEAD FL 33032-5433
US

10091303



2. Principal Place of Business

3. Mailing Address

28240 SW 157 COURT
Suite, Apt. #, etc.

28240 SW 157 COURT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

HOMESTEAD, FL.

City & State

HOMESTEAD, FL.

4. FEI Number **59-1965083**

Applied For
Not Applicable

Zip **33033-1240** Country

Zip **33033-1240** Country

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

SCIOLI, JOSEPH F JR
~~**25400 S.W. 140 AVE.**~~
~~**HOMESTEAD FL 33032**~~

28240 S.W. 157 COURT
HOMESTEAD, FL.
33033-1240

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

4/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SCIOLI, JOSEPH F JR**
STREET ADDRESS **25400 S.W. 140 AVE.**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☒ Change ☐ Addition
NAME **28240 SW 157 COURT**
STREET ADDRESS **HOMESTEAD, FL. 33033-1240**
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **SCIOLI, JOSEPH F JR**
STREET ADDRESS **25400 SW 140TH AVENUE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☒ Change ☐ Addition
NAME **28240 SW 157 COURT**
STREET ADDRESS **HOMESTEAD, FL. 33033-1240**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

305-796-4115

Daytime Phone #

CR2E034 (10/02)