2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G48388** May 01, 2000 8:00 am Secretary of State 1. Entity Name ARIES GENERAL CONSTRUCTION, INC. 05-01-2000 90026 026 ***150.00 Mailing Address Principal Place of Business 115 BREAKERS COURT #132 115 BREAKERS COURT #132 PUNTA GORDA FL 33950-5392 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address 1508 Dried Court 1508 Oriel Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2319901 Port Charlotte Not Applicable Port Charlotte Country **\$8.75** Additional 5. Certificate of Status Desired 33983 33983 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bruno DRUDI, BRUNO Street Address (P.O. Box Number is Not Acceptable) 115 BREAKERS CT, UNIT 132 **PUNTA GORDA FL 33950** 1508 oriel Court Zip Code 33983 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition ☐ Delete TITLE TITLE Drudi, Bruno 1508 Oriel Ct. DRUDI, BRUNO NAME NAME STREET ADDRESS 115 BREAKERS CT #132 STREET ADDRESS Port Charlotte. CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL X Change ☐ Delete TITI F TITLE Drudi, Brum DRUDI, BRUNO. NAME NAME 1508 Oriel Ct. STREET ADDRESS 115 BREAKERS CT #132 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL DST ☐ Delete TITLE NAME MANGIA, ANN NAME 1508 oriel Ct. STREET ADDRESS 115 BREAKERS CT #132 STREET ADDRESS Una-6He, FL 33783 CITY-ST-7iP CITY-ST-ZIP PUNTA GORDA, FL 00000 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP 1

TITLE

NAME

☐ Delete

☐ Addition

☐ Change