

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90357 045 ***150.00

DOCUMENT # L02994

1. Entity Name

BOLOGNESE CONCRETE SERVICE, INC.

Principal Place of Business

**5851 WASHINGTON ST
 NAPLES FL 34109
 US**

Mailing Address

**P O BOX 1806
 BONITA SPRINGS FL 34133
 US**

2. Principal Place of Business

10915 BONITA BEACH RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1121

City & State

BONITA SPRINGS FL.

City & State

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80020136



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0129731**

Applied For

Not Applicable

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

**BOLOGNESE, DANIEL J.
 27360 RICHVIEW CT
 BONITA SPRINGS FL 34133**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BOLOGNESE, DANIEL J**
 STREET ADDRESS **27360 RICHVIEW CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34133**

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-01

(941) 949-1551

CR2034 (10/00)

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