

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90060 044 ***150.00

DOCUMENT # L50517

1. Entity Name
SOZIO CONSTRUCTION COMPANY, INC.

Principal Place of Business

**1516 SE 46TH LANE. #2
 CAPE CORAL FL 33904**

Mailing Address

**1516 SE 46TH LANE. #2
 CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0206821

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

**SOZIO, ANTHONY S
 2716 SW 36TH LN
 CAPE CORAL FL 33914**

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 **SOZIO, ANTHONY S**
 STREET ADDRESS **2716 SW 36 LANE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **P** ☐ Change ☐ Addition
 NAME **Anthony Sozio S**
 STREET ADDRESS **4331 SW 28th Place**
 CITY-ST-ZIP **Cape Coral, FL. 33914**

TITLE **D** ☐ Delete
 NAME **SOZIO, SYLVESTER**
 STREET ADDRESS **159 PINE ISLAND RD.**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

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

TITLE **S** ☐ Delete
 NAME **SOZIO, ANTHONY S III**
 STREET ADDRESS **3826 SE 4TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **VP** ☐ Delete
 NAME **SOZIO, NICHOLAS A**
 STREET ADDRESS **225 SW 33RD TERR**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

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

TITLE **T** ☐ Delete
 NAME **SOZIO, SCOTT M**
 STREET ADDRESS **1701 NE 11 ST**
 CITY-ST-ZIP **CAPE CORA FL 33990**

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

TITLE **VP** ☐ Delete
 NAME **SOXIO, MICHAEL R**
 STREET ADDRESS **2716 SW 36TH LN**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VP** ☐ Change ☐ Addition
 NAME **Sozio Michael R**
 STREET ADDRESS **4331 SW 28th Place**
 CITY-ST-ZIP **Cape Coral, FL. 33914**

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 #

Anthony S Sozio Pres 1-28-02 540-7443

CR2E034 (9/01)