

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90227 014 ***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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

4331 SW 28th Place

City

Cape Coral

FL

Zip Code

33914

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SOZIO, ANTHONY S	
STREET ADDRESS	4331 SW 28TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOZIO, SYLVESTER	
STREET ADDRESS	159 PINE ISLAND RD.	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOZIO, ANTHONY S III	
STREET ADDRESS	3826 SE 4TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOZIO, NICHOLAS A	
STREET ADDRESS	225 SW 33RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOZIO, SCOTT M	
STREET ADDRESS	1701 NE 11 ST	
CITY-ST-ZIP	CAPE CORA FL 33990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOXIO, MICHAEL R	
STREET ADDRESS	4331 SW 28TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	228 SW 33rd Terr	
CITY-ST-ZIP	Cape Coral FL. 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1303 SE 17th Terr	
CITY-ST-ZIP	SAME	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOZIO Michael R	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	

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: *Anthony S. Sozio* **REQUIRE** **Anthony S. Sozio 1-18-03 (239) 540-7443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)