

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90119 006 ***150.00

DOCUMENT # L97000

1. Entity Name

PETROZELLA CONCRETE, INC.



Principal Place of Business

~~3 OAKMONT CT~~
PALM COAST FL 32137
US

Mailing Address

~~3 OAKMONT CT~~
PALM COAST FL 32137
US

2. Principal Place of Business

416 CLUBHOUSE DRIVE
Suite, Apt. #, etc. APT. # 203

3. Mailing Address

416 CLUBHOUSE DRIVE
Suite, Apt. #, etc. APT. # 203

City & State

PALM COAST, FL 32137

City & State

PALM COAST, FL

Zip

Country

Zip

Country

32137

4. FEI Number

65-0223247

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

PETROZELLA, JOSEPH, III
3 OAKMONT CT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

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

416 CLUBHOUSE DR. #203

City

PALM COAST

FL

Zip

32137

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETROZELLA, JOSEPH	
STREET ADDRESS	3 OAKMONT CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PETROZELLA, JOSEPH, III	
STREET ADDRESS	3 OAKMONT CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

3-17-03

386-503-1512

Date

Daytime Phone #

CR2E034 (10/02)