

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001230

1. Entity Name  
MARZUCCO'S Concrete L.L.C.

**FILED** 4/26/02  
01 MAY 18 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
3770 Golden Gate Blvd. W.  
Naples FL. 34120

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SAME SAME  
City & State City & State  
Collier USA  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2171387 Applied For  
Not Applicable

5. Certificate of Status Desired X \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
John A. Marzucco  
3770 Golden Gate Blvd West  
Naples FL. 34120

7. Name and Address of New Registered Agent  
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 John A. Marzucco  
Signature typed or printed name of registered agent and title if applicable.

5/15/01  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME ☐ Delete  
mar / owner  
John Marzucco  
STREET ADDRESS  
3770 G.G. Blvd. West  
CITY-ST-ZIP  
Naples FL. 34120  
TITLE NAME ☐ Delete  
mgr / owner  
Linda Marzucco  
STREET ADDRESS  
3770 G.G. Blvd. West  
CITY-ST-ZIP  
Naples FL. 34120  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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-06/13/01--01109--006  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John Marzucco Linda Marzucco 4/26/01 941 354 0922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)