

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002061

1. Entity Name

ANTHONY COSCIA & SONS, L.C.

APPROVED
AND
FILED

00 APR 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

401 SOUTH INDIAN RIVER DRIVE, SUITE A
FORT PIERCE FL 34950

Mailing Address

401 SOUTH INDIAN RIVER DRIVE, SUITE A
FORT PIERCE FL 34950-1530



2. Principal Place of Business

3. Mailing Address

2541 BOSTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRONX NY

Zip

Country

Zip

Country

10467

4. FEI Number

13-4085495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMNM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEE, FRANK H III ESQ

401 SOUTH INDIAN RIVER DRIVE, SUITE A
FORT PIERCE FL 34950

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS COSCIA, ANTHONY
CITY-ST-ZIP 2542 BOSTON ROAD
BRONX NY 10467 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/6/00 718-653-4300
Date Daytime Phone #

CR2E083 (9/99)