

2001 UNIFORM BUSINESS REPORT (UBR)

0007412 AF

DOCUMENT # L99000009295

1. Entity Name
ORNAMENTAL CAST STONE LLC

FILED

01 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11450 OVERSEAS HWY.
MARATHON FL 33050

Mailing Address
11450 OVERSEAS HWY.
MARATHON FL 33050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11500 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address
11500 Overseas Hwy
Suite, Apt. #, etc.

City & State
Marathon, FL

City & State
Marathon, FL

4. FEI Number 65-0529929

Applied For
Not Applicable

Zip 33050 Country USA

Zip 33050 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ASCANIO, FRANCO L
11450 OVERSEAS HWY.
MARATHON FL 33050

Name

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

11500 Overseas Hwy

City Marathon

FL

Zip Code 33050

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 MGR
NAME D'ASCANIO, ANTHONY
STREET ADDRESS 204 S. ANGLERS DR.
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

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

TITLE MGR
NAME D'ASCANIO, AMEDEO
STREET ADDRESS 295 14TH STREET
CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete

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

TITLE MGR
NAME D'ASCANIO, FRANCO
STREET ADDRESS 431 2ND ST.
CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-01

Date

305-743-7130

Daytime Phone #

CR2E083 (11/00)