

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009295

1. Entity Name

ORNAMENTAL CAST STONE LLC

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90579 027 \*\*\*\*50.00

Principal Place of Business

11500 OVERSEAS HWY.  
MARATHON FL 33050

Mailing Address

11500 OVERSEAS HWY.  
MARATHON FL 33050

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

65-0529929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

D'ASCANIO, FRANCO L  
11500 OVERSEAS HWY.  
MARATHON FL 33050

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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:

*Amedeo D'Ascanio*

4/29/02

305-743-7130

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

Date

Daytime Phone #

CR2E083 (9/01)