

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001199

1. Entity Name

PETRONZIO MANAGEMENT COMPANY, LLC

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8228 MAYFIELD ROAD
CHESTERLAND OH

Mailing Address

8228 MAYFIELD ROAD
CHESTERLAND OH 44026-2542



DO NOT WRITE IN THIS SPACE

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

34-1886015

Applied For

Not Applicable

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

PETRONZIO, LEO
1419 COLLINGSWOOD AVE.
MARCO ISLAND FL 33937

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS PETRONZIO, ROBERT A
CITY- ST- ZIP 8228 MAYFIELD ROAD
CHESTERLAND OH

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

100003117801--4
-02/01/00--01037--019
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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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-11-00

440-729-8200

Date

Daytime Phone #