

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90067 032 ***550.00

DOCUMENT # P01000092842

1. Entity Name
JOHN AGNELLI CONSTRUCTION, INC.



Principal Place of Business
**404 80TH STREET
HOLMES BEACH FL 34217**

Mailing Address
**404 80TH STREET
HOLMES BEACH FL 34217**



2. Principal Place of Business

**7705 18th Ave W
P. H.**

3. Mailing Address

7316 Manatee Ave W #268

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton

City & State
Bradenton FL. 34209

4. FEI Number **65-1133193**

Applied For
Not Applicable

Zip
34209

Country
Florida

Zip
34209

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IZZO, JOHN P
180 NO. INDIANA AVE
ENGLEWOOD FL 34223**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AGNELLI, JOHN**
STREET ADDRESS **404 80TH STREET**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7705 18th Ave W**
CITY-ST-ZIP **Bradenton FL. 34209**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/03 741-737-4921
Date Daytime Phone #

CR2E034 (4/03)