

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90022 014 \*\*\*150.00

DOCUMENT # **P02000062020**

1. Entity Name

**PSS INVESTMENTS, INC.**



**DO NOT WRITE IN THIS SPACE**

**40010088**

2. Principal Place of Business

**1965 BOLTON AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**1965 BOLTON AVENUE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PORT ST. LUCIE, FLA.**

City & State

**PORT ST. LUCIE, FLA.**

4. FEI Number

**04-3677431**

Applied For

Not Applicable

Zip

**34952**

Country

**USA**

Zip

**34952**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**MASSIMO SCAROGNI**

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

**1965 BOLTON AVE.**

City  
**PORT ST. LUCIE,**

**FL**

Zip Code

**34952**

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

**MASSIMO SCAROGNI V.P.**

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

(NOTE: Registered agent signature required when reinstating)

DATE

**1/2/05**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRES.  
ANTONIO PETRONI  
1717 SE LINPARK CT.  
PORT ST. LUCIE, FLA 34952**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V. PRES  
MASSIMO SCAROGNI  
1965 BOLTON AVE.  
PORT ST. LUCIE, FLA 34952**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TREAS.  
STEFANO SCAROGNI  
620 CLARENCE AVE.  
BRONX, NY 10465**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**STEFANO SCAROGNI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/4/05**

Daytime Phone #

CR2E034B (12/02)