

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056468

1. Entity Name

SOZIO REALTY AND DEVELOPMENT, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90017 047 ***150.00

Principal Place of Business

Mailing Address

909 SE 47TH TERR.
#105
CAPE CORAL FL 33904

909 SE 47TH TERR.
#105
CAPE CORAL FL 33904-9000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0432061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOZIO, ANTHONY S
1201 SW 54TH LANE
CAPE CORAL FL 33990

Name

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

2716 SW 36TH LANE

City

CAPE CORAL

FL

Zip Code

33914

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SOZIO, ANTHONY S
CITY-ST-ZIP 1201 SW 54TH LANE
CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2716 SW 36TH LANE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Delete
NAME V
STREET ADDRESS SOZIO, NICHOLAS A
CITY-ST-ZIP 225 SW 33RD TERR
CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicholas A. Sozio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS A. SOZIO - V.P.

1-28-00

Date

941-540-7337

Daytime Phone #

CR2E034 (9/99)