

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013617

1. Entity Name

RISPOLI-SOSA ARCHITECTURE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90069 003 ***158.75

Principal Place of Business

Mailing Address

114 S. MAGNOLIA AVE.
OCALA FL 34474

114 S. MAGNOLIA AVE.
OCALA FL 34474-4154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3263092

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

RISPOLI, JOSEPH A
114 S. MAGNOLIA AVE.
OCALA FL 34474

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

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 PD
NAME SOSA, ROLANDO
STREET ADDRESS 5783 NE 62ND CT. RD
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

TITLE VD
NAME RISPOLI, JOSEPH A
STREET ADDRESS 2727 SE 23RD AVE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE VD
NAME HANSELMAN, ROBERT
STREET ADDRESS 9316 SW 12TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

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

TITLE VP
NAME COPELAND, JAMES A
STREET ADDRESS 4412 SE 15TH ST.
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Rispoli

1/24/00

Date

(352) 620-0944

Daytime Phone #

CR2E034 (9/99)