

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000013617**

1. Entity Name

RISPOLI-SOSA ARCHITECTURE, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90142 023 ***158.75

Principal Place of Business

**114 S. MAGNOLIA AVE.
OCALA FL 34474**

Mailing Address

**114 S. MAGNOLIA AVE.
OCALA FL 34474**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3263092**

Applied For

Not Applicable

5. Certificate of Status Desired **XX****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****RISPOLI, JOSEPH A
114 S. MAGNOLIA AVE.
OCALA FL 34474****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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **VSD** ☐ Delete
NAME **SOSA, ROLANDO**
STREET ADDRESS **5783 NE 62ND CT. RD**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**TITLE **PTD** ☐ Delete
NAME **RISPOLI, JOSEPH A**
STREET ADDRESS **2727 SE 23RD AVE**
CITY-ST-ZIP **OCALA FL 34471**TITLE **V** ☐ Delete
NAME **COPELAND, JAMES A**
STREET ADDRESS **4412 SE 15TH ST.**
CITY-ST-ZIP **OCALA FL 34471**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P/T/D** ☒ Change ☐ Addition
NAME **Sosa, Rolando**
STREET ADDRESS **5783 NE 62nd Court Road**
CITY-ST-ZIP **Silver Springs, FL 34488**TITLE **V/S/D** ☒ Change ☐ Addition
NAME **Rispoli, Joseph A.**
STREET ADDRESS **2727 SE 23rd Avenue**
CITY-ST-ZIP **Ocala, FL 34471**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Rispoli, VP**02/05/01**

Date

352-620-0944

Daytime Phone #

CR2E034 (10/00)