

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067954

1. Entity Name

ROSCILLO CONCRETE & MASONRY INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90007 009 \*\*\*150.00

Principal Place of Business 24076 RAGIN DR BROOKSVILLE FL 34601	Mailing Address 24076 RAGIN DR BROOKSVILLE FL 34601-5242
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2. Principal Place of Business 24076 RAGAN DR Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Brooksville FL	City & State
Zip 34601	Country Hernando

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399588

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

6. Name and Address of Current Registered Agent

ROSCILLO, BEN PAUL  
24076 RAGAN DR  
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name Ben PAUL ROSCILLO  
Street Address (P.O. Box Number is Not Acceptable)  
24076 Ragan Dr.  
Brooksville  
City FL Zip Code 34601

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 Ben Paul Roscillo (pres.) DATE 3-23-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSCILLO, PAUL BEN 24076 RAGAN DR BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROSCILLO, BEN 35140 RICARDSON BLVD WESTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ROSCILLO, BEN PAUL 35140 RICHARDSON BLVD WESTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Ben Paul Roscillo Ben P Roscillo (pres.) DATE 3-23-00 1-352 747-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)