

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90164 003 \*\*\*150.00

DOCUMENT # **P96000067954**

1. Entity Name  
**ROSCILLO CONCRETE & MASONRY INC.**



Principal Place of Business  
**24076 RAGIAN DR BROOKSVILLE  
BROOKSVILLE FL 34601**

Mailing Address  
**24076 RAGIAN DR BROOKSVILLE  
BROOKSVILLE FL 34601**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
~~2400~~ **24076 Ragian Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**24076 Ragian Dr.**  
Suite, Apt. #, etc.

City & State  
~~Brooksville, FL~~

City & State  
~~Brooksville, FL~~

4. FEI Number **59-3399588**

Applied For  
 Not Applicable

Zip **34601**  
Country **USA**

Zip **34601**  
Country **USA**

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  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ben Paul Roscillo*  
Signature, typed or printed name of registered agent and title if applicable.

1/13/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSCILLO, PAUL BEN</b> <b>24076 RAGAN DR</b> <b>BROOKSVILLE FL 34601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>ROSCILLO, BEN</b> <b>35140 RICARDSON BLVD</b> <b>WESTON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>ROSCILLO, BEN PAUL</b> <b>35140 RICHARDON BLVD</b> <b>WESTON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *BEN PAUL ROSCILLO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 352-797-9008  
Date Daytime Phone #

CR2E034 (10/02)