

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90086 038 ***150.00

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DOCUMENT # **P96000082362**

1. Entity Name
CORNERSTONE CONSTRUCTION OF S.W. FLORIDA INC.



Principal Place of Business
4110 ENTERPRISE AVE #205
NAPLES FL 34104
US

Mailing Address
4110 ENTERPRISE AVE #205
NAPLES FL 34104
US



2. Principal Place of Business

5401 JAEGER RD

Suite, Apt. #, etc.

NAPLES

City & State
FL.

3. Mailing Address

5401 JAEGER RD

Suite, Apt. #, etc.

NAPLES

City & State
FL.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3402418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSETTO, A. DANIEL
6057 HOLLOW DR.
NAPLES FL 34112

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

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

(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

TITLE **VD**
NAME **RUSSETTO, A. DANIEL**
STREET ADDRESS **6057 HOLLOW DRIVE**
CITY-ST-ZIP **NAPLES FL 33962**

☐ Delete

TITLE **VP**
NAME **PESSANO, VINCENT R**
STREET ADDRESS **780 27TH ST NW**
CITY-ST-ZIP **NAPLES FL 34120**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD**
NAME **RUSSETTO, A. DANIEL**
STREET ADDRESS **8416 MALLOW LN.**
CITY-ST-ZIP **NAPLES, FL. 34113**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **DIPASCALE, Joseph**
STREET ADDRESS **3434 AMON CT**
CITY-ST-ZIP **NAPLES, FL. 34109**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-03

CR2E034 (10/02)