

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106074

1. Entity Name

SCIASCIA & SONS INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90029 021 ***150.00

Principal Place of Business

1960 CHATHAMMOOR DR.
ORLANDO FL 32835

Mailing Address

1960 CHATHAMMOOR DR.
ORLANDO FL 32835-8189

2. Principal Place of Business

265 S. FEDERAL HWY
Suite, Apt. #, etc. # 274
City & State DEERFIELD BEACH FL
Zip 33441 Country USA

3. Mailing Address

265 S. FEDERAL HWY
Suite, Apt. #, etc. # 274
City & State DEERFIELD BEACH FL
Zip 33441 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554897		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCIASCIA, CHARLIE SR. 1960 CHATHAMMOOR DR. ORLANDO FL 32835		Name: CHARLIE SCIASCIA Street Address (P.O. Box Number is Not Acceptable): 265 S. FEDERAL HWY # 274 City: DEERFIELD BEACH State: FL Zip Code: 33441	

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: Charles Sciascia 4/20/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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 SCIASCIA, CHARLIE SR. 1960 CHATHAMMOOR DR. ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 265 S. FEDERAL HWY # 274 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCAISCIA, CHARLIE JR. 1960 CHATHAMMOOR DR. ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 265 S. FEDERAL HWY # 274 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCAISCIA, AGNES 1960 CHATHAMMOOR DR. ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 265 S. FEDERAL HWY # 274 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles Sciascia 4/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)