

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40261

1. Entity Name

ROMEO & SONS CONSTRUCTION, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90019 016 \*\*\*550.00

Principal Place of Business

94 PECAN DR.  
OCALA FL 34471  
US

Mailing Address

94 PECAN DR.  
OCALA FL 34471  
US

2. Principal Place of Business

94 PECAN DR

3. Mailing Address

94 PECAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3060236

Applied For

Not Applicable

Zip

34472

Country

US

Zip

34472

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMEO, MICHAEL  
94 PECAN DR.  
OCALA FL ~~32192~~ 34472

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROMEO, MICHAEL  
94 PECAN DR.  
OCALA FL 34472

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROMEO MICHAEL II  
5119 ARTHUR  
HOLLY WOOD FL 33021

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S  
TORINO DAMIAN  
2780 NE 64 AVE  
OCALA FL 34479

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Romeo

7-10-00

352 6809406

Date

Daytime Phone #

CR2E034 (5/00)