

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90276 001 ***150.00

DOCUMENT # F40753

1. Entity Name
DIDOMIZIO INVESTMENTS, INC.



Principal Place of Business
**648 POINTSETTIA AVE.
CLEARWATER FL 33767
US**

Mailing Address
**648 POINTSETTIA AVE.
CLEARWATER FL 33767
US**

2. Principal Place of Business
648 Pointsettia Ave No.
Suite, Apt. #, etc.

3. Mailing Address
648 Pointsettia Ave No.
Suite, Apt. #, etc.

City & State
Clearwater FL
Zip
33767
Country
Pinellas

City & State
Clearwater FL
Zip
33767
Country
Pinellas

4. FEI Number
59-2158522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIDOMIZIO, GIOVANNI P.
648 POINTSETTIA AVE.
CLEARWATER FL 34630**

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

Manager

(NOTE: Registered Agent signature required when reinstating)

2/11/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIDOMIZIO, GIOVANNI P 475 FENMAR DR. NORTH YORK ON	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

Joni Pizak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

Date

727-443-6954

Daytime Phone #

CR2E034 (10/02)