2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75336 1. Entity Name ALBERT M. ESPOSITO & ASSOCIATES, INC.					Secretary of State 02-04-2002 90111 031 ***150.00			
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P.O. BOX 18		P.O. BOX 1836	the Street Commence of the Street Street	Sherer	a. M. T. Langer - 1871 - T. Ardenson in Strand Broken (1974)		, ,	• ;
FLAGLER BC	H FL 32136-8836	FLAGLER BCH FL 32136-6	8836		I ANGERICA MAIN ANGER STAND FRANK FRANK BATA MA	RIC BLOST BLOST BLD	IN MARKA BURUN ANDA	
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2. Principal Place of Business		3. Mailing Address]	i ibātati eili innal nijas ilins icija svi a	isti siinii Gibli Ris	if Biğil AfQtı innı .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
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City & State		City & State		4	59-2578604		Applied For Not Applicable	┨
Zip	Country	Zip	Country	5. C	Pertificate of Status Desired	\$8.75 A	dditional	1
	6: Name and Address of Current F	Registered Agent			ame and Address of New Register	Fee Requi	red	-
	U. Haine and Address of Current	tegistered Agent	Name	7. 1	ane and Address of New Negister	au Agent		1
ESPOSIT	Street Address	Street Address (P.O. Box Number is Not Acceptable)						
326 MOO	DY BLVD.		Office Address]
P.O. BOX								
FLAGLER	BCH FL 32136		City			Zip Co	ode	1
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	ered age	ent, or both, in the State of Florida.			1
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SIGNATURE.								
	Signature, typed or printed name of registered agent a		: Registered Agent signature requir	ed when rei	nstating) DA	TE		-
. Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
(See criter		<u>i</u>	e to Department of St					}
TITLÈ	OFFICERS AND E	DIRECTORS Delete	12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTO		┤ ⊊
NAME	ESPOSITO, ALBERT M.	□ Delete	NAME			L] Griange	Audition	0/0/
STREET ADDRESS	200 LAMBERT AVE, SUITE 4		STREET ADDRESS					100
CITY-ST-ZIP	FLAGLER BCH FL 32136		CITY-ST-ZIP		_ 			
TITLE	VTSD	☐ Delete	TITLE			☐ Change	Addition	5
NAME STREET ADDRESS	WHITE, NANCY C 301 CEDAR LN, P.O. BOX 766		NAME STREET ADDRESS					
CITY-ST-ZIP	FLAGLER BCH FL		CITY-ST-ZIP					
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption stated in S	Section 1	19.07(3)(i), Florida Statutes. I further	certify that the	information	
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore	true and accurate and that m wered to execute this report a	y signature shall have the is required by Chapter 60	same le 7, F / brid	egal effect as it made under oath; that a Statutes: and that my name appea	it i am an offici rs in Block 11	er or director or Block 12 if	1

SIGNATURE: