

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

DOCUMENT # P01000096625

1. Entity Name
LOSCALZO ENTERPRISES, INC.

04-17-2002 90147 022 \*\*\*150.00

Principal Place of Business
2727 WEST FLETCHER AVE STE 43B
TAMPA FL 33618

Mailing Address
2727 WEST FLETCHER AVE STE 43B
TAMPA FL 33618

80068479



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip Country

4. FEI Number 59-3748983
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LOSCALZO, JOHN
2727 WEST FLETCHER AVE STE 43B
TAMPA FL 33618

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

Table with 2 columns: OFFICERS AND DIRECTORS (11), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (12). Includes title, name, street address, city-st-zip.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (12). Includes title, 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: JOHN LOSCALZO

Date 2/28/02 Daytime Phone # 813-930-2188

CR2E034 (9/01)