

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000096621
Entity Name
LOSCALZO ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2727 WEST FLETCHER AVE</u>		3. Mailing Address <u>2727 WEST FLETCHER AVE</u>	
Suite, Apt. #, etc. <u>SUITE 433</u>		Suite, Apt. #, etc. <u>SUITE 433</u>	
City & State <u>TAMPA FLORIDA</u>		City & State <u>TAMPA FLORIDA</u>	
Zip <u>33618</u>	Country <u>HILLSBOROUGH</u>	Zip <u>33618</u>	Country <u>HILLSBOROUGH</u>

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number <u>19-3748983</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <u>JOHN LOSCALZO</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2727 WEST FLETCHER AVE</u>		
City <u>TAMPA</u>		FL Zip Code <u>33618</u>

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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 _____ DATE _____
Signature, typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR JOHN LOSCALZO 2727 WEST FLETCHER AVE SUITE 433 TAMPA FL 33618</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employees.

SIGNATURE: John Loscalzo JOHN LOSCALZO Date 813-930-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

NOONAN & ASSOCIATES, INC.

Financial Consultants

October 20, 2003

Florida Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE Loscalzo Enterprises, Inc.
P01000096625

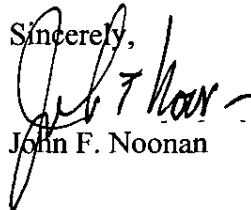
Dear-Sir or Madam:

I am the accountant for the above mentioned corporation. The company received a Notice of Administrative Dissolution packet, so I called today and spoke to a Tina. The problem stems from my client sending in a letter on the advice of a representative in the Division of Corporation explaining the problem he had filing the original report. This letter was accompanied with a check in the amount of \$150.00 and the Annual Report.

During my conversation with Tina, she discover that the check was received and posted to the account but an Annual Report was found. She suggested that we submit a copy of the report as filed being sure that I have an original signature on the report. The client can not locate a copy of the returns sent with the check, therefore, I an submitting an generic Annual Report signed by the client.

I trust this will satisfy the Division's need. We are sorry for any problems or inconvenience this have caused you or your department. Thank you for your assistance.

Sincerely,



John F. Noonan