

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90210 013 \*\*\*150.00

0512632 AV

**DOCUMENT # P02000107150**

1. Entity Name  
**ROMULO PINA INC.**



Principal Place of Business  
**8331 CALOOSA RD.  
FT. MYERS FL 33912**

Mailing Address  
**2346 WINKLER AVE.,  
M-104  
FT. MYERS FL 33901**



2. Principal Place of Business

**3268 PRINCE EDWARD ISLE**

3. Mailing Address

**1721 RED CEDAR DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4**

**1**

City & State

**Fort Myers FL**

City & State

**Fort Myers FL**

4. FEI Number

**04-3714072**

Applied For

Not Applicable

Zip

**33907**

Country

**USA**

Zip

**33907**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATRICIA, EVANS MS  
3777 FOWLER ST.  
2  
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name  
**TAX HOUSE CORPORATION**  
Street Address (P.O. Box Number is Not Acceptable)  
**533 E SAMPLER RD.**  
City **POMPANO BEACH** FL Zip Code **33064**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PT ROMULO JOSE PINA</b>
STREET ADDRESS	<b>1721 RED CEDAR DR. # 1</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPT MARIA NEIZE PINA</b>
STREET ADDRESS	<b>1721 RED CEDAR DR. # 1</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE OF ROMULO PINA PRESIDENT Date: 04/30/03 Daytime Phone #: 239-939-4675

CR2E034 (10/02)