FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90079 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000059775

1. Entity Name MARIA SCIPIONE, INC.



						CO WE IS						
Principal Place of Business 221 TURNER STREET CLEARWATER FL 34616			Mailing Address 221 TURNER STREET CLEARWATER FL 34616						1102791			
2. Principal F	Place of Busine	3. Mailing Address						. 19011951 (16 16161 61111 66111 68111 60	(() gr iði b iri	B (B isk (B) isk (s	ega i ciili kadi	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te .	City & State				- 	1 59-33847H 1-1			oplied For		
Zip	Zip Country			Zip Country				5. Certificate of Status Desired See Required \$8.75 Addition Fee Required			ditional	
	6 Name s	nd Address of Current	Registera	red Agent				7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent							ame					
LITTLE, THOMAS C				- بي اولي المحجود ومحمديون مبوت او المانات 			treet Address (P.O. Box Number is Not Acceptable)					
2123 NE COACHMAN ROAD				Officer Address					THE			
SUITE A CLEARWA	TER FL 3462				City				FL	Zip Code		
										<u>r</u> L		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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Make Check Payable to Florida Department of State								- }	moort and Contabation.	_	710000	10.000
10. OFFICERS AND DIRECTORS								ADD	ITIONS/CHANGES TO OFFICE	RS AND E	IRECTOR!	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the ex									0.45(0)(0) 51 1 1 5			
12. I hereby o	certify that the is	ntormation supplied with	this filing	does not qualify for	tne exer	mption stated	ng Section	on 11	9.07(3)(i), Florida Statutes. I fur	ther certify	/ that the in	ntormation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICENS DIRECTOR