

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90766 046 \*\*\*150.00

MAY 2003

**DOCUMENT # P96000010325**



1. Entity Name  
**TREMOLO, INC.**

Principal Place of Business  
**1506 54TH AVE., N.  
6  
ST. PETERSBURG FL 33714**

Mailing Address  
**1506 54TH AVE., N.  
6  
ST. PETERSBURG FL 33714  
US**



2. Principal Place of Business  
**Kens Cleaners**  
Suite, Apt. #, etc.  
**# 6**

3. Mailing Address  
**1506 54th Av. N**  
Suite, Apt. #, etc.  
**# 6**

CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg, FL**  
Zip  
**33714**  
Country  
**USA**

City & State  
**St. Petersburg, FL**  
Zip  
**33714**  
Country  
**USA**

4. FEI Number **59-3359185**  
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHROEDER, KURT A**  
**1506 54TH AVE N**  
**6**  
**SAINT PETERSBURG FL 33714**

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. 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHROEDER KURT A</b>	
STREET ADDRESS	<b>1506 54TH AVE N 6</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
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 type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **(727) 525-1074**

CR2E034 (10/02)