**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # V13324 1. Entity Name CAPALBO REALTY, INC. 02-14-2002 90026 016 \*\*\*150.00 Principal Place of Business Mailing Address 4700 34TH STREET SO 4700 34TH STREET SO. STE. #4 STE. #4 ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3108482 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPALBO, ANTHONY F Street Address (P.O. Box Number is Not Acceptable) 4700 34TH STREET SOUTH ST. PETERSBURG FL 33711 City 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 nar ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP TITLE ☐ Delete Change ☐ Addition NAME CAPALBO, ANTHONY F NAME STREET ADDRESS 4700-34TH ST SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CAPALBO, BARBARA J NAME STREET ADDRESS STREET ADDRESS 4700 34TH ST. S. CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.28-02

Day

Daytime Phone #