

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684825

1. Entity Name

CONSTANTINO ADVERTISING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90157 014 ***150.00

Principal Place of Business

3316 S SEMARAN BLVD
#9
ORLANDO FL 32822
US

Mailing Address

3316 S SEMARAN BLVD
#9
ORLANDO FL 32822
US

2. Principal Place of Business

252 Kettle Ct
Suite, Apt. #, etc.

3. Mailing Address

252 Kettle Ct
Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

Zip

32707

Country

4. FEI Number

59-2022696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINO, GARY B
3316 S SEMORAN BLVD #9
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

252 Kettle Ct

City

Casselberry

FL

Zip Code

32707

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME CONSTANTINO, GARY
STREET ADDRESS 3316 S SEMORAN BLVD #9
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Allison Constantino
STREET ADDRESS 252 Kettle Ct
CITY-ST-ZIP Casselberry, FL 32707 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)