

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90227 025 ***150.00

DOCUMENT # 305642

1. Entity Name
S. AGLIANO & SONS FISH COMPANY



Principal Place of Business
**1821 E. 7TH AVE.
TAMPA FL 33605
US**

Mailing Address
**P.O. BOX 5595
TAMPA FL 33675
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1172583**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AGLIANO, SEBASTIAN
589 LUZON
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERRONE, ALINE	
STREET ADDRESS	406 CHIPPAVA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERRONE, ALINE	
STREET ADDRESS	412 DANUBE AVE	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 Sebastian Agliano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 (813) 248-2187

Date

Daytime Phone #

CR2E034 (10/02)