

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500041

1. Entity Name

Sansone Corporation

Principal Place of Business

Mailing Address

590 Goolsby Blvd.
Deerfield Beach, FL 33442

2. Principal Place of Business

590 Goolsby Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33442

Country

Broward

Zip

Country

4. FEI Number

59-1662481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

David Sansone
590 Goolsby Blvd.
Deerfield Beach, FL 33442

7. Name and Address of New Registered Agent

Name

David Sansone

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

590 Goolsby Blvd.

City

Deerfield Beach

FL

Zip Code

33442

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

David Sansone

David Sansone, President

4/7/2000

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

(NOTE: Registered Agent signature required when re-registering)

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	P	<input type="checkbox"/> Delete
NAME	David Sansone	
STREET ADDRESS	6697 Grande Dr. North	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Nicholas Sansone	
STREET ADDRESS	3641 Turtle Run Blvd. Apt 924	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Scott Sansone	
STREET ADDRESS	4570 Glenwood Dr.	
CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	Bonnie Sansone	
STREET ADDRESS	1957 NW 83 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Sansone	
STREET ADDRESS	6697 Grande Dr. North	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas Sansone	
STREET ADDRESS	3641 Turtle Run Blvd. Apt 924	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Sansone	
STREET ADDRESS	4570 Glenwood Dr.	
CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Sansone	
STREET ADDRESS	1957 NW 83 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33071	
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		

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:

David Sansone

David Sansone, President

4/7/2000

(954) 428-8919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)