

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550417

1. Entity Name

POMPEO, INC.

Principal Place of Business
3523 49TH STREET N.
ST. PETERSBURG FL 33710-2149

Mailing Address
3523 49TH STREET N.
ST. PETERSBURG FL 33710-2149

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 59-1780368

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

SPINELLI, ANTHONY
3523 49TH STREET N.
ST. PETERSBURG FL 33710

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPINELLI, JEAN M	
STREET ADDRESS	3523 49TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SPINELLI, ASSUNTA	
STREET ADDRESS	3523 49TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SPINELLI, ROCCO	
STREET ADDRESS	3523 49TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPINELLI, ANTHONY T	
STREET ADDRESS	3523 49TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Spine lli, Anthony	<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	Spine lli, Anthony	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (727) 525-1029
Daytime Phone #



DO NOT WRITE IN THIS SPACE

0524021

CR2E034 (10/00)