

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90020 025 ***150.00

DOCUMENT # 656814

1. Entity Name

SAMAR MANAGEMENT CORPORATION

Principal Place of Business

**6215 STONE ROAD, SUITE 100
PORT RICHEY FL 34668**

Mailing Address

**6215 STONE ROAD, SUITE 100
PORT RICHEY FL 34668**

2. Principal Place of Business

967 Ridgewood Terrace

Suite, Apt. #, etc.

3. Mailing Address

967 Ridgewood Terrace

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

U.S.A.

City & State

Tarpon Springs, Florida

Zip

34689

Country

U.S.A.

6. Name and Address of Current Registered Agent

**RISOLA, SAMUEL JR
57 CENTRAL COURT
TARPO SPRINGS FL 34689**

4. FEI Number

59-1985943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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.

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

TITLE **PSTD** ☐ Delete
NAME **RISOLA, SAMUEL JR.**
STREET ADDRESS **57 CENTRAL COURT**
CITY-ST-ZIP **TARPO SPRGS, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Zip Code 34689**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Samuel Risola, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Risola, Jr. 3/8/01 727-937-8924

Date

Daytime Phone #

CR2E034 (10/00)