

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90053 001 ***150.00

0020219 AT

DOCUMENT # F01000002171

1. Entity Name

FANELLI AND MASON OF SARASOTA, INC.

Principal Place of Business

P.O. BOX 391
 MT. CARMEL PA 17851

Mailing Address

P.O. BOX 391
 MT. CARMEL PA 17851

2. Principal Place of Business

6324 15th Street East

Suite, Apt. #, etc.

3. Mailing Address

PO Box 391

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Mt Carmel PA

Zip

34243

Country

USA

Zip

17851

Country

USA

4. FEI Number

23-3075914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FANELLI SR, FRED
 5530 TRAILWINDS DR., M715
 FT. MYERS FL 33097

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, 2002 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 PCD
 NAME FANELLI, GARY
 STREET ADDRESS 3022 RIDGEVIEW DR.
 CITY-ST-ZIP ORWIGSBURG PA ☐ Delete

TITLE VD
 NAME MASON, MICHAEL
 STREET ADDRESS 12012 OLYMPIC CLUB DR.
 CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Gary W. Fanelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/02

Daytime Phone #

570-339-5371

CR2E034 (9/01)