

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90079 045 ***150.00

DOCUMENT # F01000002820

1. Entity Name
UNCAS MANUFACTURING COMPANY



Principal Place of Business
**OSCEOLA SQUARE, SUITE 8
3831 WEST VINE STREET
KISSIMMEE, FL 34741**

Mailing Address
**150 NIAN TIC AVENUE
PROVIDENCE, RI 02907**

24002656



2. Principal Place of Business

7751 KINGSPONT PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

City & State

ORLANDO, FL

City & State

4. FEI Number

05-0230250

Applied For

Not Applicable

Zip

34746

Country

Zip

Country

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

**CORSINI, CHRISTOPHER S
OSCEOLA SQUARE, SUITE 8
3831 WEST VINE STREET
KISSIMMEE, FL 34741**

Name

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

7751 KINGSPONT PKWY

Suite 120

City

ORLANDO

FL

Zip Code

34746

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

Christopher S Corsini

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

(NOTE: Registered Agent signature required when reinstating)

1/14/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCT
CORSINI, JOHN M
150 NIAN TIC AVENUE
PROVIDENCE, RI 02907** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
CORSINI, CHRISTOPHER S
3831 WEST VINE STREET, OSCEOLA SQUARE
KISSIMMEE, FL 34741** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BRITTO, MICHAEL A
150 NIAN TIC AVENUE
PROVIDENCE, RI 02907** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, ANDREW H JR.
101 DYER STREET
PROVIDENCE, RI 02903** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOROWITZ, DONALD S
150 NIAN TIC AVENUE
PROVIDENCE, RI 02907** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SORRENTINO, STANLEY L
150 NIAN TIC AVENUE
PROVIDENCE, RI 02907** ☐ Delete

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

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:

Christopher S Corsini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

407-226-2788

Daytime Phone #