

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 035 ***150.00

DOCUMENT # F05000000834	✓
1. Entity Name Pecoraro Consulting Inc	

DO NOT WRITE IN THIS SPACE

40058290

2. Principal Place of Business 11 San Marco Street #1102		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33767-2069	Country Pinellas	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3275343		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Ernest A Pecoraro	
Street Address (P.O. Box Number is Not Acceptable) 11 San Marco Street #1102	
City Clearwater	FL Zip Code 33767

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ernest A Pecoraro 11 San Marco Street #1102 Clearwater, FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

x Ernest Pecoraro Ernest Pecoraro
President

Date

Daytime Phone #

1 April 08 722-562-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR