

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90010 030 ***150.00

DOCUMENT # F65402

1. Entity Name
CONSERV, INC.

Principal Place of Business

**15590 ANGUS RD.
 POLK CITY FL 33868
 US**

Mailing Address

**15590 ANGUS RD.
 POLK CITY FL 33868
 US**

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

13-3105449

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CMP
 VIGNATI, FRANCESCO
 15590 ANGUS RD.
 POLK CITY FL 33868-7003** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BALBONI, PIETRO
 PIAZZA BOLDRINI 1, SAN DONATO MILANESE
 MILANO, ITALY 20097** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CAMOZZI, MARIO
 PIAZZA BOLDRINI 1, SAN DONATO MILANESE
 MILANO IT 20097** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 GORLA, LUIGI
 PIAZZA BOLDRINI 1, SAN DONATO MILANESE
 MILANO IT 20097** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MIRONE, GREGORIO
 PIAZZA BOLDRINI 1 SAN DONATO MILANESE
 MILANO IT 20097** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SLAVATI, ANTONIO
 PIAZZA BOLDRINI 1 SAN DONATO MILANESE
 MILANO IT 20097** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SALVATI, ANTONIO ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDR
 CITY-ST-ZIP
☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.06, Florida Statutes, and 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 an other like empowered.

SIGNATURE: *Francesco Vignati*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-2-4-02- (863) 984-4344

Date

Daytime Phone #

CR2E034 (9/01)