

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90041 003 ***150.00

DOCUMENT # G14521

1. Entity Name

THOMAS P. DILORETO, MSW, INC.

Principal Place of Business

1409 KINGSLEY AVE. C-9

~~POB 055-POB 1557~~
ORANGE PK FL 32073

32067-1557

Mailing Address

1409 KINGSLEY AVE. C-9

~~POB 055-POB 1557~~
ORANGE PK FL 32073

32067-1557

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 **59-2248460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~METCALF, FRANK B ESQ~~
~~1829 A KINGSLEY AVE~~
~~ORANGE PK FL 32073~~

7. Name and Address of New Registered Agent

Name **Thomas P. DiLoreto**

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

1409 ORANGE PARK KINGSLEY AV. # 9C

City **ORANGE PARK**

FL

Zip Code **32073**

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

THOMAS P. DiLoreto
Thomas P. DiLoreto

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 **PD** ☐ Delete
NAME **DILORETO, THOMAS P**
STREET ADDRESS **1409 KINGLSEY AVE., 9-C**
CITY-ST-ZIP **ORANGE PK, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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

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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 or without other like empowered.

SIGNATURE:

THOMAS P. DiLoreto
Thomas P. DiLoreto

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 904 264 3014

Date

Daytime Phone #

CR2E034 (10/00)

0002085