

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 013 ***150.00

DOCUMENT # **G14521**

1. Entity Name

THOMAS P. DILORETO, MSW, INC. MSW, INC.

Principal Place of Business

1409 KINGSLEY AVE. C-9

POB 1557

ORANGE PARK FL 32067-1557

Mailing Address

1409 KINGSLEY AVE. C-9

POB 1557

ORANGE PARK FL 32067-1557

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2248460

Applied For

Not Applicable

Zip

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

DiLoreto
DILORETO, THOMAS P

1409 KINGSLEY AVENUE #9C

ORANGE PK FL 32073

Name

Di Loreto

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas P. Di Loreto (Corrected Spelling ONLY)

4/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Thomas P. Di Loreto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03
Date

904.264.3014
Daytime Phone #

CR2E034 (10/02)

ATTACHMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 17, 2003

THOMAS P. DILORETO, MSW, INC.
1409 KINGSLEY AVE. C-9
POB 1557
ORANGE PARK, FL 32067-1557

SUBJECT: THOMAS P. DILORETO, MSW, INC.
Ref. Number: G14521 - 11013935

We have received your document for THOMAS P. DILORETO, MSW, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 903A00023175

Dear Ladies & Gentlemen:

*I have corrected the document as requested
to read THOMAS P. DILORETO, MSW, INC.*

*The correction in #6 was of a spelling error in
my last name only.*