

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90225 005 ***150.00

DOCUMENT # G67670

1. Entity Name

A. CHARLES SPALLITTA, P.A.



Principal Place of Business

C/O A. CHARLES SPALLITTA
1 S.E. 4TH AVENUE, S-210
DELRAY BEACH FL 33483

Mailing Address

C/O A. CHARLES SPALLITTA
1 S.E. 4TH AVENUE, S-210
DELRAY BEACH FL 33483

2. Principal Place of Business

~~DELRAY BEACH~~ 2719 DRACABNA CT.

3. Mailing Address

2719 DRACABNA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

59-2603206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPALLITTA, A. CHARLES

1 S.E. 4TH AVENUE
SUITE 210

DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

A. CHARLES SPALLITTA

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

2719 DRACABNA COURT

City

DELRAY BEACH

FL

Zip Code

33445

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

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

A. CHARLES SPALLITTA
(NOTE: Registered Agent signature required when reinstating)

1/10/03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SPALLITTA, A CHARLES
1 S E 4TH AVE S-210
DELRAY BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SPALLITTA, BELLE
1SE 4TH AVE. - S210
DELRAY BCH. FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SPALLITTA, A CHARLES
2719 DRACABNA COURT
DELRAY BEACH FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SPALLITTA, BELLE
2719 DRACABNA COURT
DELRAY BEACH, FL 33445 ☐ Change ☐ Addition

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

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

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

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 an other like empowered.

SIGNATURE:

A. Charles Spallitta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

561-988-935401
Daytime Phone #

0431504 AV

CR2E034 (10/02)