

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G73607**

1. Entity Name

PELLONI CAPITAL CORPORATION

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90095 008 ***150.00

Principal Place of Business

120 INTERNATIONAL PKWY
220
HEATHROW FL 32746
US

Mailing Address

120 INTERNATIONAL PKWY
220
HEATHROW FL 32746-5049
US

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

725 PRIMERIA BLVD

Suite, Apt. #, etc.

Suite 130

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

3. Mailing Address

725 PRIMERIA BLVD

Suite, Apt. #, etc.

Suite 130

City & State

Lake Mary, FL

Zip

32746

Country

Seminole

4. FEI Number

59-2344752

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELLONI, JAMES EDWARD
120 INTERNATIONAL PKWY
STE 220
HEATHROW FL 32746

7. Name and Address of New Registered Agent

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
PELLONI, JAMES EDWARD
120 INTERNATIONAL PKWY, STE 220
HEATHROW FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

725 PRIMERIA BLVD
Suite 130
Lake Mary, FL 32746

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #