

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90140 040 ***150.00

DOCUMENT # G95157

1. Entity Name

ARMANDO CARNEVALI & SONS, INC.



Principal Place of Business

5420 BAY CENTER DR

STE 102

TAMPA FL 33609

US

Mailing Address

5420 BAY CENTER DR

STE 102

TAMPA FL 33609

US

2. Principal Place of Business

7915 PAT BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

7915 PAT BOULEVARD

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FLA 33615-2112

City & State

TAMPA, FLA

4. FEI Number

59-2405122

Applied For

Not Applicable

Zip

33615-2112

Country

U.S.A.

Zip

33615-2112

Country

U.S.A.

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

BARCARELLA & BACCARELLA

4144 NORTH ARMENIA AVE

STE 300

TAMPA FL 33607

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

SIGNATURE

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 **VD** ☐ Delete
NAME **CARNEVALE, GIOVANNI**
STREET ADDRESS **7915 PAT BLVD.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/18/2003 813-884-8822

CR2E034 (10/02)