

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90068 023 ***150.00

DOCUMENT # H33920

1. Entity Name
MICHAEL MUsETTA & ASSOCIATES, INC.



Principal Place of Business
**ONE TAMPA CITY CENTER, SUITE 2880
TAMPA FL 33602**

Mailing Address
**ONE TAMPA CITY CENTER, SUITE 2880
TAMPA FL 33602**

2. Principal Place of Business
ONE TAMPA CITY CENTER

3. Mailing Address
ONE TAMPA CITY CENTER

Suite, Apt. #, etc.
SUITE 3400

Suite, Apt. #, etc.
SUITE 3400

City & State
TAMPA FLORIDA

City & State
TAMPA, FLORIDA

Zip
33602

Country
USA

Zip
33602

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2469890

Applied For
☐ Not Applicable

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

**MUsETTA, MICHAEL
201 N. FRANKLIN STREET, SUITE 2800
ONE TAMPA CITY CENTER
TAMPA FL 33602**

Name
MICHAEL MUsETTA
Street Address (P.O. Box Number is Not Acceptable)
**201 N. FRANKLIN STREET
SUITE 3400**
City
TAMPA FL Zip Code
33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PST MUsETTA, MIKE 7218 WAREHAM DR TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUsETTA, CYNTHIA 7218 WAREHAM DR TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Michael Musetta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 **813-271-3171**

Date

Daytime Phone #

CR2E034 (10/02)