

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90062 050 \*\*\*\*25.00  
07-21-2003 90355 014 \*\*\*\*125.00

DOCUMENT # **H69820**

1. Entity Name

**TRAWLER MICHAEL ANTONY INC.**  
**2440 WORLD PKWY, BLVD. APT #56**  
**CLEARWATER FLA 33763 M.S.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2440 WORLD PKWY. BLVD 56**

3. Mailing Address **SAME AS NO 2**

**CLEARWATER FL 33763**

Suite, Apt. #, etc.

**APT #56**

Suite, Apt. #, etc.

**APT. 56**

City & State

**CLEARWATER FLA 33763**

City & State

**CLEARWATER FLA.**

Zip

**33763**

Country

**PINELLAS**

Zip

**33763**

Country

**PINELLAS**

4. FEI Number

**592576246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SAM VONASR**

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

**2440 WORLD PKWY. BLVD**

**APT #56**

City

**CLEARWATER FL.**

**FL**

Zip Code

**33763**

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

*Sam Vona Sr. Sec. & Treas.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
**President**  
**Michael A. Vona**  
**2440 World Pkwy apt 56**  
**Clearwater Fla. 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice Pres.**  
**Nina Vona**  
**2440 World Pkwy. apt. 56**  
**Clearwater Fla. 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Sec. & Treas.**  
**Sam Vona Sr.**  
**2440 World Pkwy apt 56**  
**Clearwater Fla 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sam Vona Sr.* **SAM VONA SR.** **7-30-03-727-799-0652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90355-014-\$125.00-\$125.00

**DOCUMENT #** **H69820**

1. Entity Name  
**TRAWLER MICHAEL ANTHONY, INC.**



Principal Place of Business -  
**2440 WORLD PKWY BLVD**  
**CLEARWATER FL 33763** **APT # 56**  
**US**

Mailing Address  
**2440 WORLD PKWY BLVD**  
**CLEARWATER FL 33763** **APT # 56**  
**US**

80135443

2. Principal Place of Business  
**SAME AS (3)**

3. Mailing Address  
**2440 WORLD PKWY BLVD**  
**APT # 56**

Suite, Apt. #, etc.  
**APT # 56**

City & State  
**CLEARWATER FLA.**

Zip  
**33763**

Country  
**PINELLAS**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2576246**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VONA, SAM SR.**  
**2440 WORLD PKWY, BLVD**  
**#56**  
**CLEARWATER FL 33763**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>VONA, MICHAEL ANTHONY</b><br><b>2440 WORLD PKWY APT 56</b><br><b>CLEARWATER FL 33763</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>VONA, NINA E.</b><br><b>2440 WORLD PKWY BLVD #56</b><br><b>CLEARWATER FL 33763</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>VONA, SAM</b><br><b>2440 WORLD PKWY BLVD #56</b><br><b>CLEARWATER FL 33763</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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: REQUISEAM VONA 7-16-03-727-799-0662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0136607 AT

CR2E034 (4/03)