2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90048 012 ***150.00

DOCUMENT # H84600

1. Entity Name
LAW OFFICE OF CARUSO & SWERBILOW, P.A.

Principal Place of Business	Mailing Address
~~800 EAST MERRITT ISLAND CAUSEWAY~~	P.O. BOX 541271
~~SUITE 200~~	MERRITT ISLAND FL 32952
~~MERRITT ISLAND FL 32952~~	US

9001513J

2. Principal Place of Business	3. Mailing Address
190 Fortenberry Rd	
Suite, Apt. #, etc.: Suite 107	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State
Zip: 32952 · ~~Country~~: Brevard	Zip · Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2593198 ☐ 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
CARUSO, JOE TEAGUE	Name
~~800 E. MERRITT ISLAND CAUSEWAY~~ 190 Fortenberry Rd	Street Address (P.O. Box Number is Not Acceptable)
~~SUITE 200~~ Suite 107	
MERRITT ISLAND FL 32952	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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARUSO, JOE TEAGUE	NAME	
STREET ADDRESS	~~800 E. MERRITT ISL. CAUS~~ 190 Fortenberry Rd	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED 1-29-03 321-453-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Joe Teague Caruso President · Date · Daytime Phone #

CR2E034 (10/02)