

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K37856**

1. Entity Name

CIRASA/CIRASA, INCORPORATED**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90023 035 ***150.00

Principal Place of Business

**12788 SOUTHWEST PEMBROKE CIRCLE NORTH
LAKE SUZY FL 34266
US**

Mailing Address

**12788 SOUTHWEST PEMBROKE CIRCLE NORTH
LAKE SUZY FL 34266-6960
US**

2. Principal Place of Business

2395 TAMALAM, TR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL.

City & State

1

Zip

33952

Country

CHARLOTTE

Zip

Country

4. FEI Number

NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARRYOTT, THOMAS D.
22355 MOROCCO AVE
PORT CHARLOTTE FL 33952**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIRASA, MARY ANN	
STREET ADDRESS	12788 SW PEMBROKE CIRCLE NORTH	
CITY-ST-ZIP	LAKE SUZY FL 34266	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CIRASA, WILLIAM	
STREET ADDRESS	12788 SW PEMBROKE CIRCLE NORTH	
CITY-ST-ZIP	LAKE SUZY FL 34266	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM CIRASA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00 941-743-048

Date

Daytime Phone #