

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003511

1. Entity Name

CAPALBO ENTERPRISES LLC

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-17-2002 90139 038 ****50.00

91982



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19107 MANDARIN GROVE PL
TAMPA FL 33647

Mailing Address

19107 MANDARIN GROVE PL
TAMPA FL 33647

2. Principal Place of Business

1805 Montclair Ave
Suite, Apt. #, etc.

3. Mailing Address

1805 Montclair Ave
Suite, Apt. #, etc.

City & State

Burton

City & State

FL

Zip

33511

Country

USA

Zip

Country

4. FEE Number

59-3699163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPALBO, ALAN R
19107 MANDARIN GROVE PL
TAMPA FL 33647

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

Alan Capalbo

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

(NOTE: Registered Agent signature required when remaining)

7/15/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>ALAN Capalbo</i> <i>19107 Mandarin Grove Pl FL 33647</i>	<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
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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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ALAN Capalbo REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/15/02

Date

Daytime Phone #

CR2E083 (4/02)