

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90002 049 ****50.00

DOCUMENT # L01000010082

1. Entity Name

SAMUEL CASONOVA, LLC

Principal Place of Business

**2370 TAMISOLA ST.
 SARASOTA FL 34237**

Mailing Address

**2370 TAMISOLA ST.
 SARASOTA FL 34237**

2. Principal Place of Business

3666 CALLIANDRA DR

3. Mailing Address

3666 CALLIANDRA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL

4. FEI Number

33-0995176

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NAPOLITANO, JOHN E ESQ.
 100 WALLACE AVE., STE. 240
 SARASOTA FL 34237**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT - SECRETARY - TREASURER** ☐ Delete
 NAME **PIETRO MOSCHINI**
 STREET ADDRESS **3666 CALLIANDRA DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-14-2002

941 928 0610

CR2E083 (9/01)