

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90035 021 ***150.00

DOCUMENT #	L06000023783
1. Entity Name	
CARMELO and NINA GUSMANO	

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60037503

2. Principal Place of Business		3. Mailing Address	
11221 GIFFORD DR		Suite, Apt. #, etc.	
City & State		City & State	
SPRING HILL, FL			
Zip	Country	Zip	Country
34608			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
016-52-5492		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
CARMELO GUSMANO	
Street Address (P.O. Box Number is Not Acceptable)	
11221 GIFFORD DR.	
City	Zip Code
SPRING HILL	FL 34608

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS				11.			
TITLE	PRESIDENT			TITLE			
NAME	CARMELO GUSMANO			NAME			
STREET ADDRESS	11221 GIFFORD DR.			STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL, FL 34608			CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 727-207-5202