## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State **DOCUMENT # M76623** 1. Entity Name VILLA MARINA, INC. 05-03-2001 90913 016 \*\*\*150.00 Principal Place of Business Mailing Address 13044 66TH ST N 500 LILLIAN DRIVE LARGO FL 33773 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2888738 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLANDREA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 13044 66TH ST N K-MART SHOPPING CENTER **LARGO FL 33773** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change Addition COLANDREA, ANTONIO NAME NAME STREET ADDRESS **500 LILLIAN DRIVE** STREET ADDRESS CITY-ST-ZIP MADEIRA BEACH FL CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITI F ☐ Change COLANDREA, S. MARINA NAME NAME STREET ADDRESS **500 LILLIAN DRIVE** STREET ADDRESS CITY-ST-7IP ~ CITY-ST-7IP... MADEIRA BEACH FL ---☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME COLANDREA, STEFANO STREET ADDRESS STREET ADDRESS 2173 BURNICE DR CLEARWATER, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE VΡ TITLE ☐ Change ■ Addition NAME NAME COLANDREA, IVANO STREET ADDRESS STREET ADDRESS 2173 BURNICE DR CLEARWATER, FL 33764 CITY-ST-ZIP CITY-ST-ZIP ĺνΡ TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME VERILO, PAULO STREET ADDRESS STREET ADDRESS 12042 TWIN BRANCH ACRES RD CITY-ST-7/F CITY-ST-ZIP CAMPA, FL 33626 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME VERILO, LAURA STREET ADDRESS STREET ADDRESS 12042 TWIN BRANCH ACRES RD

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.

CITY-ST-ZIP

ANTONIO COLANDREA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-535-7722

Daytime Phone #