

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 001 ****61.25

DOCUMENT #

1. Entity Name

The Mastrogiacono Duo, Inc. 0486 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Tallahassee, FL

3. Mailing Address

2809 Saint Leonard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-2351513

Applied For

Not Applicable

Zip
32312

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Leonard Mastrogiacono

Street Address (P.O. Box Number is Not Acceptable)

2809 Saint Leonard Drive

City Tallahassee

FL

Zip Code
32312

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME Leonard Mastrogiacono
STREET ADDRESS 2809 Saint Leonard Drive
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Norma Mastrogiacono
STREET ADDRESS 2809 Saint Leonard Dr.
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Irving Fleet
STREET ADDRESS 1575 Hickory Ave
CITY-ST-ZIP Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Robert Glidden
STREET ADDRESS 29 Park Place
CITY-ST-ZIP Athens, Ohio 45701-2979

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST
NAME Claire Kelley
STREET ADDRESS 3203 Enterprise Dr
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonard Mastrogiacono

4/29/02 860-386-8730

CR2E037B (12/01)