

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005695

1. Entity Name

THE ARMED FORCES MILITARY MUSEUM, INC.

Principal Place of Business

311 PARK PLACE BLVD
STE 225
CLEARWATER FL 33759

Mailing Address

311 PARK PLACE BLVD
STE 225
CLEARWATER FL 33759

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3413399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIAZZA, JOHN J SR
311 PARK PLAZA BLVD
STE 225
CLEARWATER FL 33759

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 \$61.25

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 PD ☐ Delete
NAME PIAZZA, JOHN J SR
STREET ADDRESS 311 PARK PL BV STE 225
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ Delete
NAME LENTINI, VINCENT J
STREET ADDRESS 311 PARK PL BV STE 225
CITY-ST-ZIP CLEARWATER FL 33759

TITLE D ☐ Delete
NAME PIAZZA, JOHN J JR
STREET ADDRESS 311 PARK PL BV STE 225
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90026 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)