

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001529

FILED  
May 01, 2003  
Secretary of State

Entity Name: ONE-ELEVEN MAIN STREET CORP.

**Current Principal Place of Business:**

1113 OHIO AVENUE  
NO. 204  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1113 OHIO AVENUE  
NO. 204  
DUNEDIN, FL 34698

**New Mailing Address:**

FEI Number: 59-3524199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONG, LAURA  
1113 OHIO AVENUE  
NO. 204  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LONG, LAURA  
Address: 1113 OHIO AVENUE, NO. 204  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: CASTANEIRA, ALFONSO  
Address: 207 NORTH BAY HILLS BLVD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: VIGH, MARILYN  
Address: 1813 ECHO POND PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: MILCHANOWSKI, AMY  
Address: 9580 52ND WAY NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LONG

PSTD

05/01/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date