

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000001924**

1. Entity Name

MICHELANGELO GRAPHIC DISPLAY, INC.**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90041 030 ***150.00

UUU48112



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5610 PINNACLE EIGHT CIRCLE #203 TAMPA FL 33624	Mailing Address 5610 PINNACLE EIGHT CIRCLE #203 TAMPA FL 33624
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2. Principal Place of Business 6408 West Linebaugh ave	3. Mailing Address 6408 West Linebaugh ave
Suite, Apt. #, etc. 101-102	Suite, Apt. #, etc. 101-102
City & State TAMPA FL	City & State TAMPA FL
Zip 33625	Country USA

4. FEI Number 59-3616430	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMMONS, MARY SOUTH TRUST PLAZA 201 EAST KENNEDY BLVD., SUITE 715 TAMPA FL 33602-5828

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CARLETTI, OTTAVIO 5610 PINNACLE EIGHT CIRCLE #203 TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)