

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90195 047 \*\*\*150.00

**DOCUMENT # P00000003022**

1. Entity Name  
**BOMBELLA ENTERPRISES INC.**

Principal Place of Business                      Mailing Address  
**4516 W. PAXTON AVE.**                      **4516 W. PAXTON AVE.**  
**TAMPA FL 33611**                              **TAMPA FL 33611**

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**59-3620876**                       Not Applicable

5. Certificate of Status Desired                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BOMBELLA, ANTHONY P**  
**4516 W. PAXTON AVE.**  
**TAMPA FL 33611**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)                      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BOMBELLA, ANTHONY P</b>	
CITY-ST-ZIP	<b>4516 W. PAXTON AVE.</b>	
	<b>TAMPA FL 33611</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Anthony P. Bombella                      Anthony P. Bombella                      1/13/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (10/00)