2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90266 035 ***150.00

0648476 SP

DOCUMENT # P00000024351

1. Entity Name
SUE EUSEPI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1605 S. U.S. HWY. 1. 3-H SEALOFTERS JUPITERS FL 33477	1605 S. U.S. HWY. 1. 3-H SEALOFTERS JUPITERS FL 33477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 US Hwy 1	1605 S. US 1
Suite, Apt. #, etc.: Ste 213	Suite, Apt. #, etc.: 3H
City & State: Tequesta FL	City & State: Jupiter FL
Zip: 33469 Country: USA	Zip: 33477 Country: U.S.A

4. FEI Number 65-0991617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EUSEPI, SUE
1605 S. U.S. HWY. 1, 3-H SEALOFTERS
JUPITERS FL 33477

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 STREET ADDRESS CITY-ST-ZIP	D EUSEPI, SUE 1605 S. U.S. HWY. 1, 3-H SEALOFTERS JUPITERS FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED Suzann Eusepi 1-7-02 561 310 6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #