

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033603

1. Entity Name  
FANNY PROPERTIES, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90282 046 \*\*\*150.00

Principal Place of Business

5212 CORVETTE DRIVE  
TAMPA FL 33624

Mailing Address

5212 CORVETTE DRIVE  
TAMPA FL 33624

2. Principal Place of Business

6220 Ridge Road  
Suite, Apt. #, etc.

3. Mailing Address

6220 Ridge Road  
Suite, Apt. #, etc.

City & State

Port Richey, Florida

City & State

Port Richey, Florida

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

593643145

Applied For

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

MATTEO, MICHAEL  
5212 CORVETTE DRIVE  
TAMPA FL 33624

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 *Michael Matteo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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 ☐ Delete  
NAME D President  
STREET ADDRESS MATTEO, MICHAEL  
CITY-ST-ZIP 5212 CORVETTE DR  
TAMPA FL 33624

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SOBEL, LOUISE  
CITY-ST-ZIP 5212 CORVETTE DR 4913 Penn  
TAMPA FL 33624

TITLE ☒ Change ☐ Addition  
NAME Vice President - Louise Sobel  
STREET ADDRESS 4913 Pennsburg Dr.  
CITY-ST-ZIP Tampa, FL 33624

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MATTEO, ANTHONY SR  
CITY-ST-ZIP 5212 CORVETTE DR  
TAMPA FL 33624

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SOBEL, GINA M  
CITY-ST-ZIP 8707 BRENTWOOD PLAZA CT  
LA VISTA FL 68128

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Michael Matteo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01

Daytime Phone #

727-817-0877  
813-960-7754

CR2E034 (10/00)