

2001-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000038059**

1. Entity Name

SEBASTIANO & SON, INC.**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90081 003 ***150.00

Principal Place of Business

222 W. GEORGIA ST.
TALLAHASSEE FL 32301

Mailing Address

222 W. GEORGIA ST.
TALLAHASSEE FL 32301

2. Principal Place of Business

1949 W. TENNESSEE ST.

3. Mailing Address

9911 E. MAHAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

TALLAHASSEE

4. FEI Number

59-3640673

Applied For

Not Applicable

Zip

FL 32304

Country

USA

Zip

FL 32308

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS & WHITE, L.C.
222 W. GEORGIA ST.
TALLAHASSEE FL 32301

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D/VP** ☐ Delete
NAME **MANUELE, JENNIFER**
STREET ADDRESS **9911 E. MAHAN DR.**
CITY-ST-ZIP **TALLAHASSEE 32 308**TITLE **D/ST** ☐ Delete
NAME **GAETANA MANUELE**
STREET ADDRESS **210 ANDREWS STREET**
CITY-ST-ZIP **SOUTHINGTON CT 06489**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **GAETANA MANUELE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/01

Daytime Phone #

860 276 0762

CR2E034 (10/00)