

2001 UNIFORM BUSINESS REPORT (UBR)

03-16-2001 90068 016 ***150.00

FILED 0000039671

01 MAR 16 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00026034



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000039671

1. Entity Name

MICHELE MARIE RISOLDI, INC.

name corrected
See below for correct spelling - See Supporter

Principal Place of Business

10608 DEVCO DR.
PT. RICHEY FL 34668

Mailing Address

10608 DEVCO DR.
PT. RICHEY FL 34668

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

59-3643938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE RD.
PT. RICHEY FL 34668

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **RISOLDI, MICHELE M** *CORRECT*
STREET ADDRESS **9838 LAKEVIEW DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34668-3465**

TITLE ☐ Delete
NAME **RISOLDI, RALPH**
STREET ADDRESS **9838 LAKEVIEW DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34668-3465**

TITLE ☐ Delete
NAME **RISOLDI, KATHLEEN**
STREET ADDRESS **9838 LAKEVIEW DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34668-3465**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Michele Marie Risoldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2001 907X2222

Date

Daytime Phone #

CR2E034 (10/00)

3/19