

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90271 002 ***158.75

DOCUMENT # P00000079900

1. Entity Name

ANGELO MEN'S CLOTHING & TAILOR, INC.

Principal Place of Business

1329 HOVERSHAM DR.
 NEW PORT RICHEY FL 34655

Mailing Address

1329 HOVERSHAM DR.
 NEW PORT RICHEY FL 34655

SAME

33955 US 19 NO.
PALM HARBOR, FLA. 34684

C0013649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3667502

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPERGOLA, ANGELO

1329 HOVERSHAM DR.
 NEW PORT RICHEY FL 34655

33955 US 19 NO.
PALM HARBOR, FLA
34684

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 officer or registered agent, or both, in the State of Florida.

SIGNATURE

Angelo Depergola

Angelo Depergola

1-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DE PERGOLA, ANGELO	33955 US 19 NO
STREET ADDRESS	1329 HOVERSHAM DR.	PALM HARBOR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	FLA. 34684
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

ANGELO DEPERGOLA *Angelo Depergola*

1-23-01

727-781-4797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)