

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000101695****1. Entity Name**  
**FLORADORA, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90095 010 \*\*\*150.00

**Principal Place of Business**  
11462 CHALK FARM ROAD  
SPRING HILL FL 34609**Mailing Address**  
11462 CHALK FARM ROAD  
SPRING HILL FL 34609**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3677380

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**CESIRO, DORA  
11462 CHALK FARM ROAD  
SPRING HILL FL 34609**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**

DORA F. CESIRO, President - Jan 14, 2001 1-8-01

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

(NOTE: Registered Agent signature required when re-registering)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	DORA F. CESIRO	
STREET ADDRESS	11462 CHALK FARM RD.	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBERT SCARANTINO	
STREET ADDRESS	2512 GLENRIDGE DR	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FLORENCE SCARANTINO	
STREET ADDRESS	2512 GLENRIDGE DR	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ANTHONY CESIRO	
STREET ADDRESS	11462 CHALK FARM RD	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0421282