

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90153 007 ***150.00

DOCUMENT # P00000 105807

1. Entity Name

IANITELLI AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1010 BONITA DR.

Suite, Apt. #, etc.

3. Mailing Address

1010 BONITA DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTA MONTE SPRINGS, FL

Zip 32714

Country USA

City & State

ALTA MONTE SPRINGS, FL

Zip 32714

Country USA

4. FEI Number

59-3685701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DON A. IANITELLI

Street Address (P.O. Box Number is Not Acceptable)

1010 BONITA DR.

City

ALTA MONTE SPRINGS

FL

Zip Code 32714

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	DON A. IANITELLI	1010 BONITA DR.	ALTA MONTE SPRINGS, FL 32714
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON IANITELLI

4/25/02

407-114-8414