

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92128 001 ***300.00

DOCUMENT # P01000002380

1. Entity Name
CAMPISI HOLDINGS, INC.



Principal Place of Business
**4803 LONGWATER WAY
TAMPA FL 33615**

Mailing Address
**4025 PRIORY CIR.
T
TAMPA FL 33624**

2. Principal Place of Business

3. Mailing Address

13132 N. Dale Mabry
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33618

Country

Zip

Country

4. FEI Number **59-3689309**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPISI, FRANK J
4803 LONGWATER WAY
TAMPA FL 33615**

Name

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

4025 Priory Circle

City

TAMPA

FL

Zip Code

33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRANK CAMPISI**

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CAMPISI, FRANK J**
STREET ADDRESS **4803 LONGWATER WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☒ Change ☐ Addition
NAME **4025 Priory Cir**
STREET ADDRESS **TAMPA FL 33624**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAMPISI, LESLIE H**
STREET ADDRESS **4803 LONGWATER WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☒ Change ☐ Addition
NAME **4025 Priory Cir**
STREET ADDRESS **TAMPA FL 33624**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **FRANK CAMPISI** **4/28/03 813265-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)