

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91088 032 \*\*\*150.00

**DOCUMENT # P01000011553**

1. Entity Name  
**CIRICILLO ENTERTAINMENT, INC.**  
**CONTRACTORS EDUCATIONAL SERVICES, INC.**

Principal Place of Business  
**4484 GOLDEN LAKE DR**  
**SARASOTA FL 34233**

Mailing Address  
**4484 GOLDEN LAKE DR**  
**SARASOTA FL 34233**



2. Principal Place of Business  
**1605 Main Street - Suite 1001**

Suite, Apt. #, etc.  
**Suite 1001**

City & State  
**Sarasota, FL**

Zip  
**34239**

Country  
**USA**

3. Mailing Address  
**1605 Main Street - Suite 1001**

Suite, Apt. #, etc.  
**Suite 1001**

City & State  
**Sarasota, FL**

Zip  
**34239**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1095366**

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CIRICILLO, CARMEN**  
**4484 GOLDEN LAKE DR**  
**SARASOTA FL 34233**

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

SIGNATURE \_\_\_\_\_ (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 - **\$5.00 May Be Added to Fees**  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<b>CIRICILLO, CARMEN **</b> <input type="checkbox"/> Delete	TITLE <b>DPTAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CIRICILLO, CARMEN</b>	<b>*** (Spelling of Names)</b>	NAME <b>CIRICILLO, CARMEN P.</b>	<b>(address unchanged)</b>
STREET ADDRESS <b>4484 GOLDEN LAKE DR</b>		STREET ADDRESS <b>(address unchanged)</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>		CITY-ST-ZIP <b>(address unchanged)</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>DVPATS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CIRICILLO, KELLY **</b>	<b>spelling of name)</b>	NAME <b>CIRICILLO, KELLY M.</b>	<b>(address unchanged)</b>
STREET ADDRESS <b>4484 GOLDEN LAKE DRIVE</b>		STREET ADDRESS <b>(address unchanged)</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>		CITY-ST-ZIP <b>(address unchanged)</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **CIRICILLO, CARMEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03 (941) 955-4990**

CR2E034 (10/02)