

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90830 026 ***150.00

065481 SP

DOCUMENT # P01000019585

1. Entity Name

NASTASI & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**3750 SWEEPSTATES CT., #2103
PALM HARBOR FL 34684**

**3750 SWEEPSTATES CT., #2103
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

339 Bay Arbor Blvd

Same as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oldsmar, FL

Zip

Country

Zip

Country

34677

4. FEI Number

59-3763271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASTASI, CARMELA

**3750 SWEEPSTATES CT., #2103
PALM HARBOR FL 34684**

Name

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

339 Bay Arbor Blvd

City

Oldsmar

FL

Zip Code

34677

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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, V, P, T** ☐ Delete
NAME **NASTASI, PETER J**
STREET ADDRESS **3750 SWEEPSTATES CT., #2103**
CITY-ST-ZIP **PALM HARBOR FL 34684**

☒ Change ☐ Addition
TITLE **339 Bay Arbor Blvd**
NAME **Oldsmar, FL 34677**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, P, S** ☐ Delete
NAME **NASTASI, CARMELA**
STREET ADDRESS **3750 SWEEPSTATES CT., #2103**
CITY-ST-ZIP **PALM HARBOR FL 34684**

☒ Change ☐ Addition
TITLE **339 Bay Arbor Blvd**
NAME **Oldsmar FL 34677**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)