

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90258 003 ***150.00

DOCUMENT # P01000022856

1. Entity Name

THOMAS N. & RUBY G. SAPORITO, INC.

Principal Place of Business

**P.O. BOX 1331
 CARRABELLE FL 32322**

Mailing Address

**P.O. BOX 1331
 CARRABELLE FL 32322**

2. Principal Place of Business

20813 St. James St.

3. Mailing Address

P.O. Box 1331

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

CARRABELLE, FL

City & State

CARRABELLE, FL

Zip

32322

Country

FRANKLIN

Zip

32322

Country

FRANKLIN

6. Name and Address of Current Registered Agent

**SAPORITO, RUBY G
 8-8 PARKER AVE.
 LANK VILLAGE FL 32323**

7. Name and Address of New Registered Agent

Name: **Thomas N. Saporito**
 Street Address (P.O. Box Number is Not Acceptable): **2431 Hwy 98 West**
 City: **CARRABELLE** FL Zip Code: **32322**

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

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

Thomas N. Saporito
 (NOTE: Registered Agent signature required when reinstating)

4/29/02
 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

TITLE	D <input type="checkbox"/> Delete
NAME	SAPORITO, THOMAS N
STREET ADDRESS	8-8 PARKER AVE
CITY-ST-ZIP	LANARK VILLAGE FL 32323
TITLE	D <input type="checkbox"/> Delete
NAME	SAPORITO, RUBY G
STREET ADDRESS	8-8 PARKER AVE
CITY-ST-ZIP	LANARK VILLAGE FL 32323
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saporito, Thomas N.
STREET ADDRESS	2431 Hwy 98 West
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saporito Ruby
STREET ADDRESS	2431 Hwy 98 West
CITY-ST-ZIP	CARRABELLE, FL 32322
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
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:

Thomas N. Saporito
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

813-9900
 Telephone #

CR2E034 (9/01)