

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-11-2002 90080 048 ***150.00

DOCUMENT # P01000036334

1. Entity Name
SAMTONDO PRODUCTS, INC.

Principal Place of Business
519 SHOAH CREEK DR
OCOE FL 34761

Mailing Address
519 SHOAH CREEK DR
OCOE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3732589

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

SAMPAIO, ANGELA
519 SHOAH CREEK DR
OCOE FL 34761

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAMPAIO, ANGELA 519 SHOAH CREEK DR OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMPAIO, STEVEN 519 SHOAH CREEK DR OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 Sampio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-9-02

Attachment
42936

PO1 000036334

SAMTONDO PRODUCTS, INC.

519 Shoal Creek Dr.

Ocoee, FL 34761

407-654-8173

407-466-8177

September 9, 2002

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom it may concern,

Enclosed is our check of \$150 for the Corporation fees for 2002. We had the misfortune of basing our corporate paperwork with MPI of Maitland and they went bankrupt this year without filing our 2002 Uniform Business Report. We were under the assumption this had been done but found out the opposite was true. Unfortunately we know little or nothing concerning corporate laws the business reports that are associated with them. We are in the process of getting a lawyer and an accountant to help rectify this unfortunate problem. Please accept our check of \$150 for the 2002 Uniform Business Report. Our thanks in this matter. If there are any questions concerning this matter, please call at either of the numbers listed above.

Thank you ,

Angela Sampaio, President
Samtondo Products, Inc.