

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000043753

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** UGO FINANCIAL CONSULTANTS, INC.

**Current Principal Place of Business:**

704 FAYETTE PLACE  
LUTZ, FL 335497638 US

**New Principal Place of Business:**

8817 BAY POINTE DR.  
UNIT C-207  
TAMPA, FL 33615 US

**Current Mailing Address:**

PO BOX 274125  
TAMPA, FL 336884125 US

**New Mailing Address:**

**FEI Number:** 65-1102159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, NICHOLAS CPA  
5617 PINE BAY DR  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: UGO, SALVATORE A  
Address: 8817 BAY POINTE DR. UNIT C-207  
City-St-Zip: TAMPA, FL 33549 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE A. UGO

D

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date