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FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90875 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059507

1. Entity Name

SABATO REAL ESTATE, INC.

Principal Place of Business

3960 EXECUTIVE DR
PALM HARBOR FL 34685

Mailing Address

3960 EXECUTIVE DR
PALM HARBOR FL 34685

2. Principal Place of Business

3660 HOLLOW TRAIL COURT

Suite, Apt. #, etc.

3. Mailing Address

3660 HOLLOW TRAIL COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

PALM HARBOR, FLORIDA

Zip

34684

Country

PINELLAS

City & State

PALM HARBOR, FLORIDA

Zip

34684

Country

PINELLAS

4. FEI Number

59-3726091

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

SABATO, PHILIP F.

SABATO, PHILIP F.

3660 HOLLOW TRAIL COURT
PALM HARBOR, FL 34684

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PS

SABATO, PHILIP F.

☐ Delete3660 HOLLOW TRAIL CT.
PALM HARBOR, FL 34684TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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:

Philip F. Sabato
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/02 787-786-4355

Daytime Phone #

CR2E034 (9/01)