

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059735

1. Entity Name

PADGETT BUSINESS SERVICES OF CHAR./SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

11039102

2. Principal Place of Business
25652 AYSEN DR.

3. Mailing Address
25652 AYSEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

4. FEI Number
65-1124707

Applied For
☐ Not Applicable

Zip
33983

Country
USA

Zip
33983

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ELIDA B. MEROLA

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

25652 AYSEN DR.

City

PUNTA GORDA

FL

Zip Code
33983

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

Elida B. Merola

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

(NOTE: Registered Agent signature required when reinstating)

4/28/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ELIDA B. MEROLA
25652 AYSEN DR.
PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JOHN J. MEROLA
25652 AYSEN DR.
PUNTA GORDA, FL 33983

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elida B. Merola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

Date

941-625-2838

Daytime Phone #