

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90714 028 ***550.00

DOCUMENT # P01000059961

1. Entity Name

NATIONAL ASSOCIATED SALES CORP.

Principal Place of Business

**2525 PASADENA AVE S STE N
 PASADENA FL 33707**

Mailing Address

**2525 PASADENA AVE S STE N
 PASADENA FL 33707**

80121922



2. Principal Place of Business

5544 Central Ave.

3. Mailing Address

5544 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd FLOOR

2nd FLOOR

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33707-1717

Country

Pinellas

Zip

33707-1717

Country

Pinellas

4. FEI Number

59-3725347

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TOWZEY, PHYLLIS J

**501 FIRST AVE N STE 1000
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Margaret R. Muxall

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

3439 TRUMAN DR

City

Holiday

FL

Zip Code

34691

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAGNASCO, RICHARD T	
STREET ADDRESS	710 64TH AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGNASCO, FRANK JR.	
STREET ADDRESS	5930 BIMINI WAY	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
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	<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	
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: RICHARD BAGNASCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-02

Date

727-344-7554

Daytime Phone #

CR2E034 (9/01)