

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90081 032 ***150.00

DOCUMENT # P01000067961

1. Entity Name
PICCOLO ENTERPRISES, INC.

Principal Place of Business
**3660 SW SUNSET TRACE CIR
 PALM CITY FL 34990**

Mailing Address
**3660 SW SUNSET TRACE CIR
 PALM CITY FL 34990**

00013303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4069 SE SAVERNO RD.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1061
 Suite, Apt. #, etc.

City & State
STUART, FL

City & State
PALM CITY FL

4. FEI Number
65-1124997

Applied For
 Not Applicable

Zip
34997

Country

Zip
34991

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PICCOLO, PAUL J
 3660 SW SUNSET TRACE CIR
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **VANIE**
 Street Address (P.O. Box Number is Not Acceptable)
3171 SE ASTER LA. UNIT 1107
 City **STUART, FL** Zip Code **34997**

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 **Paul J. Piccolo**

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

(NOTE: Registered Agent signature required when reinstating)

1/10/02
 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 **DP** ☐ Delete
 NAME **PICCOLO, PAUL J**
 STREET ADDRESS **3660 SW SUNSET TRACE CIR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DST** ☐ Delete
 NAME **PICCOLO, MARGARET M**
 STREET ADDRESS **3660 SW SUNSET TRACE CIR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **PAUL J PICCOLO**
 STREET ADDRESS **3171 SE ASTER LA UNIT 1107**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE ☒ Change ☐ Addition
 NAME **MARGARET PICCOLO**
 STREET ADDRESS **VANIE AS ABOVE**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)