2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

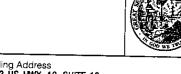
P01000070179 **DOCUMENT #**



Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90207 024 ***150.00

FILED

FRANK CIRONE TTEE, INC.



Principal Place of Business 5833 US HWY. 19. SUITE 12 NEW PORT RICHEY FL 34652		Mailing Address 5833 US HWY. 19. SUITE 12 NEW PORT RICHEY FL 34652		A ACOMOTON DAN ACOMO	ACON ITOM BOOK HAN KRUN ION FAR
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1/NO 011111
City & State		City & State		4. FEI Number 59-3739201 Applied For	
Zip	Country	Zip	Country	1-2-1	Not Applicable
	6. Name and Address of Curren	t Registered Agent	<u> </u>	5. Certificate of Status Desired	Fee Required
-		r Negistered Agent	Name	7. Name and Address of New Registe	red Agent
CIRONE, FRANK					
5833 US HWY. 19, SUITE 12			Street Addre	ess (P.O. Box Number is Not Acceptable)	
NEW PO	RT RICHEY FL 34652				
	÷ .		Cib.		
A The st			City		Zip Code
#. The abov	re named entity submits this statement for ations of registered agent.	or the purpose of changing it	ts registered office or regi	stered agent, or both, in the State of Florida.	am familiar with, and accept
) ž					, ,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE. Poplate d San d		
		(NO	TE: Registered Agent signature requ	ulred when reinstating) DA	ATE .
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	Ø5 00
Make Chec	k Payable to Florida Department o	f State		Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11,	APPITIONS	
TITLE .	D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME	CIRONE, FRANK	Delete	NAME		Change Addition
STREET ADDRESS	5833 US HWY. 19, SUITE 12 NEW PORT RICHEY FL 34652		STREET ADDRESS		
CITY-ST-ZIP	1.		CITY-ST-ZIP		1
TITLE NAME	D ALVAREZ, JOANN	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS	612 LOS PALMAS DR.		NAME		
CITY-ST-ZIP	ORANGE PARK FL 32073		STREET ADDRESS		
TITLE	D		CITY-ST-ZIP		
NAME	CIRONE, CARMINE S	☐ Delete	TITLE -	- · · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
STREET ADDRESS	4262 PERRY PLACE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
NAME		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME CIRCEL ADDRESS		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		□ n _{el-t-}	┲┈┈		
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY_ST_7IP		

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

SIGNATURE:

SIGN SEANK CIRONE
SIGNATURE AND TYPE GOR PENTED NAME OF SIGNING OFFICER OF NEW POTH HICKORY FLORE STANDARD OFFICER OF NEW POTH FLORE STANDARD OFFICER OFFICER