

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90174 032 \*\*\*150.00

**DOCUMENT # P01000074717**  
1. Entity Name  
**MARY A. FARRUGIA, E.A., INC.**



Principal Place of Business  
**3600 49TH STREET N.  
ST. PETERSBURG FL 33710**

Mailing Address  
**3600 49TH STREET N.  
ST. PETERSBURG FL 33710**



2. Principal Place of Business  
**5848 62nd Ave N**

3. Mailing Address  
**Same as Place of Business**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pineellas Park FL**

City & State

Zip  
**33781** Country  
**USA**

4. FEI Number  
**59-3738827 59-3741367** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FARRUGIA, MARY A.  
5775 PARK STREET N., #307  
ST. PETERSBURG FL 33709**

**7. Name and Address of New Registered Agent**

Name  
**MARY A. FARRUGIA**

Street Address (P.O. Box Number is Not Acceptable)  
**5848 62nd Ave N**

City  
**Pineellas Park FL** Zip Code  
**33781**

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 Mary A. Farrugia Mary A. Farrugia 1/18/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <input type="checkbox"/> Delete <b>FARRUGIA, MARY A</b> <b>5775 PARK ST. N., #307</b> <b>ST. PETERSBURG FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Farrugia, Mary A.</b> <b>5848 62nd Ave N</b> <b>Pineellas Park, FL 33781</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Farrugia, Jennifer Ann</b> <b>5848 62nd Ave N</b> <b>Pineellas Park, FL 33781</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary A. Farrugia Mary A. Farrugia 1/18/03 727-518-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)