

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90110 021 ***150.00

DOCUMENT # P01000084670

1. Entity Name
SCHIAVONE ENTERPRISES, INC.



Principal Place of Business
1541 RIVERSIDE AVE
JACKSONVILLE FL 32204

Mailing Address
1541 RIVERSIDE AVE
JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

3751 Ortega Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

4. FEI Number **59-3741662**

Applied For
Not Applicable

Zip

Country

Zip

Country

32210

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, DENNIE E
2320 THE WOODS DR WEST
JACKSONVILLE FL 32246

Name **Frank E Schiavone**

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

3751 Ortega Blvd

City **Jacksonville**

FL

Zip Code **32210**

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

Frank E Schiavone

Frank E Schiavone

3/2/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **SCHIAVONE, FRANK E**
STREET ADDRESS **3751 ORTEGA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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 *Frank E Schiavone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

Daytime Phone #

CR2E034 (10/02)