

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000096621

Entity Name

LOSCALZO ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2727 WEST FLORIAN AVE		3. Mailing Address 2727 WEST FLORIAN AVE	
Suite, Apt. #, etc. SUITE 433		Suite, Apt. #, etc. SUITE 433	
City & State TAMPA FLORIDA		City & State TAMPA FLORIDA	
Zip 33618	Country HILLSBOROUGH	Zip 33618	Country HILLSBOROUGH

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number V9-5748983		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name JOHN LOSCALZO		
		Street Address (P.O. Box Number is Not Acceptable) 2727 WEST FLORIAN AVE		
		City TAMPA	FL	Zip Code 33618

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

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN LOSCALZO 2727 WEST FLORIAN AVE SUITE 433 TAMPA FL 33618
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN LOSCALZO

813-930-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

NOONAN & ASSOCIATES, INC.

Financial Consultants

October 20, 2003

Florida Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE Loscalzo Enterprises, Inc.
P01000096625

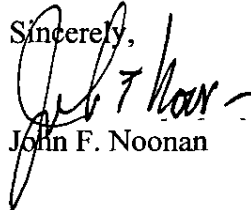
Dear-Sir or Madam:

I am the accountant for the above mentioned corporation. The company received a Notice of Administrative Dissolution packet, so I called today and spoke to a Tina. The problem stems from my client sending in a letter on the advice of a representative in the Division of Corporation explaining the problem he had filing the original report. This letter was accompanied with a check in the amount of \$150.00 and the Annual Report.

During my conversation with Tina, she discover that the check was received and posted to the account but an Annual Report was found. She suggested that we submit a copy of the report as filed being sure that I have an original signature on the report. The client can not locate a copy of the returns sent with the check, therefore, I an submitting an generic Annual Report signed by the client.

I trust this will satisfy the Division's need. We are sorry for any problems or inconvenience this have caused you or your department. Thank you for your assistance.

Sincerely,



John F. Noonan