

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90363 014 ***150.00

DOCUMENT # P01000105610

1. Entity Name

SIoux CITY BRANDON, INC.

Principal Place of Business

**8515 LITTLE RD.
 NEW PORT RICHEY FL 34654**

Mailing Address

**8515 LITTLE RD.
 NEW PORT RICHEY FL 34654**

2. Principal Place of Business

8402 Lemon Rd

3. Mailing Address

8402 Lemon Rd

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Port Richey, FL

City & State

Port Richey FL

Zip

34668

Country

US

Zip

34668

Country

US

4. FFI Number

65-1149378

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GEORGES, RICHARD M
 3856 FIRST AVE. N.
 ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name **William J. Loiacano**

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

8402 Lemon Rd

Suite B

City

Port Richey

FL

Zip Code

34668

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

William Loiacano

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) ☐

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 **DPST** ☐ Delete
 NAME **LOIACANO, WILLIAM**
 STREET ADDRESS **8515 LITTLE RD.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *William Loiacano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)