FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90090 005 ***150.00

DOCUMENT # P01000107174

1. Entity Name
Iuculano Family Ent

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10045174

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2. Principal Place of Business	3. Mailing Address
5840 W. Cypress St	5840 W. Cypress St
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Tampa	City & State Tampa
Zip 33607 Country USA	Zip 33607 Country USA

4. FEI Number 59-3754035 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Margaret Iuculano

Street Address (P.O. Box Number is Not Acceptable)
3879 Moreno Drive

City Palm Harbor FL Zip Code 34685

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 Margaret Iuculano - President 3-1-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President, T, S
NAME	Margaret Iuculano
STREET ADDRESS	3879 Moreno Dr
CITY-ST-ZIP	Palm Harbor, Fl. 34685
TITLE	V
NAME	Anthony Iuculano
STREET ADDRESS	3879 Moreno Drive
CITY-ST-ZIP	Palm Harbor, Fl. 34685
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

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

SIGNATURE: Margaret Iuculano Margaret Iuculano 3-1-03 8132878876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #