

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90067 019 ***150.00

DOCUMENT # P01000110075

1. Entity Name
DRSP FILICETTI SOUTH INC.

Principal Place of Business

1111 CRYSTAL DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

1111 CRYSTAL DRIVE
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1841 WEST 10TH ST

Suite, Apt. #, etc.

BAY #3

City & State

RIVIERA BEACH FLA

3. Mailing Address

1841 WEST 10TH ST

Suite, Apt. #, etc.

BAY #3

City & State

RIVIERA BEACH FLA

4. FEI Number

65-1153405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

ART GALIFFA

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

125 VIA VIZCAYA

City

PALM BEACH

FL

Zip Code

33480

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 12, 2002

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 **D** ☒ Delete
NAME **SOOWAL, STANLEY**
STREET ADDRESS **1111 CRYSTAL DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☒ Delete
NAME **SOOWAL, DIANE**
STREET ADDRESS **1111 CRYSTAL DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **ART GALIFFA**
STREET ADDRESS **5200 RIO VISTA LN**
CITY-ST-ZIP **KNOXVILLE TENN 37919**

TITLE **D** ☒ Change ☐ Addition
NAME **SHARON GALIFFA**
STREET ADDRESS **5200 RIO VISTA**
CITY-ST-ZIP **KNOXVILLE TENN 37919**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 2002 **5614789909**
 Date Daytime Phone #

CR2E034 (9/01)