

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 036 ***150.00

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DOCUMENT # P01000119587

1. Entity Name

ANDRA ~~STOVER~~ CPA, P.A.

ZACHARY SALVEGGI

(married - name change)



Principal Place of Business

3037 LAWN STREET

SAINT PETERSBURG FL 33713

Mailing Address

8315 - 40TH PLACE NORTH

ST. PETERSBURG FL 33709

2. Principal Place of Business

6740 Crosswinds Dr N

Suite, Apt. #, etc.

Suite L-1

City & State

St. Petersburg FL

Zip

33710

Country

USA

3. Mailing Address

PO BOX 48254

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33743

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0560432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOVER, ANDRA

8315 - 40TH PLACE NORTH

ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Andra Salvaggi

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

8315 - 40th PL N

City

St. Petersburg

FL

Zip Code

33709

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

[Signature]

4/28/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete

NAME STOVER, ANDRA
STREET ADDRESS 8315 - 40TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE D ☐ Delete

NAME STOVER, ANDRA
STREET ADDRESS 8315 - 40TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33709

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition

NAME Andra Salvaggi
STREET ADDRESS 8315 40th PL N
CITY-ST-ZIP St. Petersburg FL 33709

TITLE D ☒ Change ☐ Addition

NAME Andra Salvaggi
STREET ADDRESS 8315 40th PL N
CITY-ST-ZIP St. Petersburg FL 33709

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

727-344-7277

Daytime Phone #

CR2E034 (10/02)