

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90169 013 \*\*\*150.00

DOCUMENT # *P01000121740*

1. Entity Name

*IORELLA INC  
1755 GULF TO BAY BLVD  
CLEARWATER FL 33755*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1755 GULF TO BAY BLVD*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*CLEARWATER FL*

City & State

4. FEI Number

*30-0043158*

Applied For

Not Applicable

Zip

*33755*

Country

*FL*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*IORELLA NICOVIC*

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

*1748 LONG BOW LN*

City

*CLEARWATER FL*

*FL*

Zip Code

*33764*

**DO NOT WRITE  
IN THIS SPACE**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PRESIDENT  
IORELLA NICOVIC  
1748 LONG BOW LN  
CLEARWATER FL 33764*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*IORELLA NICOVIC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/03*  
Date

Daytime Phone #

CR2E034B (12/02)