

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90092 041 \*\*\*150.00

0093678 AV

**DOCUMENT # P01000121812**

1. Entity Name  
**SAGE CAMPIONE, P.A.**



Principal Place of Business  
**445 SAND RIDGE DR  
VALRICO FL 33594**

Mailing Address  
**445 SAND RIDGE DR  
VALRICO FL 33594**

2. Principal Place of Business  
**703 Westwood DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**703 Westwood Dr.**  
Suite, Apt. #, etc.

City & State  
**Brandon, FL**  
Zip  
**33511** Country  
**USA**

City & State  
**Brandon, Florida**  
Zip  
**33511** Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPIONE, SAGE DR.  
445 SAND RIDGE DR  
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **Campione, Sage DR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**703 Westwood DR.**  
City **Brandon, FL** Zip Code **33511**

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

**8-25-03**

**FILE NOW!! FEE IS \$500.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DR CAMPIONE, SAGE 445 SAND RIDGE DR VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED D.C.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-26-03**  
Date Daytime Phone #

CR2E034 (4/03)

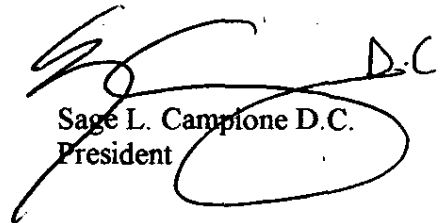
Attachment  
86142010  
PO1000121812

To Whom It May Concern:

This letter is regarding the corporation UBR of Sage Campione P.A.. I, Sage Campione president, am requesting the late fee to be waived. The corporation did not receive a prior notice. Enclosed is the filing fee of \$150.00.

If there are any questions regarding this matter, please feel free to contact the office #813-416-7714.

Sincerely,

 D.C.  
Sage L. Campione D.C.  
President