

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90011 040 ***158.75

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000001349

1. Entity Name
SOSTILIO & ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business
4425 SE 2ND PL
OCALA FL 34471

Mailing Address
P.O. BOX 830190
OCALA FL 34483-0190

2. Principal Place of Business
4425 SE 2ND PLACE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 830190
Suite, Apt. #, etc.

City & State
Ocala, Florida
Zip
34471

City & State
Ocala, Florida
Zip
34483

4. FEI Number
26-0022596

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, WALTER T
3242 GARFIELD ST
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
GAIL M. SOSTILIO
Street Address (P.O. Box Number is Not Acceptable)
4425 SE 2ND PLACE
City
Ocala, FL Zip Code
34471

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 *Gail M. Sostilio* GAIL M. SOSTILIO, CFO 1-5-03
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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOSTILIO, ROBERT F	
STREET ADDRESS	4425 SE 2ND PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SOSTILIO, ROBERT F	
STREET ADDRESS	4425 SE 2ND PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SOSTILIO, ROBERT F	
STREET ADDRESS	4425 SE 2ND PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SOSTILIO, GAIL M	
STREET ADDRESS	4425 SE 2ND PL	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO, Robert F	
STREET ADDRESS	4425 SE 2ND PL Ocala, FL 34471	
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO Robert F	
STREET ADDRESS	4425 SE 2ND PLACE, Ocala, FL 34471	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO, D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSTILIO, GAIL M.	
STREET ADDRESS	4425 SE 2ND PL	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert F. Sostilio* ROBERT F. SOSTILIO 1-5-03 352-624 2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)