## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P02000003338

1. Entity Name

FERRARA REALTY MAINTENANCE & CONSTRUCTION, INC.



**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90376 033 \*\*\*150.00

			•						
Principal Place of Business 7803 N. ARMENIA AVE. STE. C TAMPA FL 33604			Mailing Address 7803 N. ARMENIA AVE. STE. C TAMPA FL 33604						
		TAMPA FL 33							
2. Principal Place of Business		3. Mailing Add	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			El Number 26~0033445	·	oplied For ot Applicable	]
Zip	Zip Country		Zip Cour		<b>5.</b> C	5. Certificate of Status Desired   \$8.75 Additional Fee Required		ditional	
	6. Name and Address of Curr	ent Registered Ager	1t		7. N	iame and Address of New Register	ed Agent		1
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			Name					
	, albert j Rmenia ave.::		8		ss (P.O. Box Number is Not Acceptable)				
STE. C						<u>шь - ,</u>			1
tampa fi	_ 33604			City	FL Zip Code				
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of o	changing its regist	ered office or regist	tered age	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	•	•							
, SIGNATORE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regist	ered Agent signature requi	red when rei	instating) DAT	E		
٠	ILE NOW!!! FEE IS \$150.00					Selection Campaign Financing \$5.00 May Be			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department						Trust Fund Contribution. Added to Fees		to Fees	-
10.	OFFICERS A	ND DIRECTORS	1	1.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	]
TITLE	PSTD		Delete T	ITLE			☐ Change	Addition	3
NAME	FERRARA, ALBERT J 7803 N. ARMENIA AVE.			AME Treet address					}
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33604			ITY-ST-ZIP					8
TITLE			Delete T	ITLE			☐ Change	Addition	8
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TITLE				ITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				AME TREET ADDRESS					
CITY-ST-ZIP				ITY-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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

**SIGNATURE:** 

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Change

Addition