

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90462 007 \*\*\*150.00

04/21/03 AV

**DOCUMENT # P02000031118**

1. Entity Name

**NEWIGI STOPA, INC.**



Principal Place of Business  
**26133 U.S. HWY. 19 NORTH  
SUITE 100  
CLEARWATER FL 33763**

Mailing Address  
**26133 U.S. HWY. 19 NORTH  
SUITE 100  
CLEARWATER FL 33763**

**11002494**



2. Principal Place of Business

**2544 McMULLEN BOOTH RD**

3. Mailing Address

**2544 McMULLEN BOOTH RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**CLEARWATER FL**

City & State

**CLEARWATER FL**

4. FEI Number

**75-3032284**

Applied For

Not Applicable

Zip

**33761**

Country

Zip

**33761**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIEFER, NEIL G**

**26133 U.S. HWY. 19 NORTH**

**SUITE 100**

**CLEARWATER FL 33763**

Name

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

City

**FL**

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESPOSITO, TONY</b>	
STREET ADDRESS	<b>2366 ANTHONY AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLORIN, WIL H</b>	
STREET ADDRESS	<b>259 AVENUE DES CHATEAUX</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGEADES, PAUL C</b>	
STREET ADDRESS	<b>3500 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOMARA, STEPHEN G</b>	
STREET ADDRESS	<b>3765 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DI GIANNANTONIO, GILBERT</b>	
STREET ADDRESS	<b>3717 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIEFER, NEIL G</b>	
STREET ADDRESS	<b>7296 BRYCE POINT</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other like empowered.

SIGNATURE:

**NOTED**

**3/28/03**

**727-725-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TONY ESPOSITO PRES.**

Date

Daytime Phone #

CR2E034 (10/02)