

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91091 003 ***150.00

DOCUMENT # P02000064215

1. Entity Name
XOX CORPORATION, INC.



Principal Place of Business
**24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980**

Mailing Address
**24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980**



2. Principal Place of Business
317 ALLWORTHY STREET
Suite, Apt. #, etc.

3. Mailing Address
317 ALLWORTHY STREET
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE FL
Zip
33954 Country

City & State
PORT CHARLOTTE, FL
Zip
33954 Country

4. FEI Number
04-3686359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM R JR.
24100 TISEO BLVD #7
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **JOSEPH A. McDERMOTT JR.**
Street Address (P.O. Box Number is Not Acceptable)
317 ALLWORTHY STREET
City **PORT CHARLOTTE** FL Zip Code **33954**

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

TITLE **D** ☐ Delete
NAME **MIGNOGNA, D.N.**
STREET ADDRESS **24100 TISEO BLVD #7**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☐ Delete
NAME **BROWN, W.R.**
STREET ADDRESS **24100 TISEO BLVD #7**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

D. N. MIGNOGNA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 941-123-0344
Date Daytime Phone #

CR2E034 (10/02)