


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90110 028 \*\*\*150.00

0120691 AT

|   |   |
|---|---|
| <b>DOCUMENT #</b> P02000093596                  |  |
| 1. Entity Name<br><b>PINELLI PRODUCTS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1688 AUSTIN LANE<br/>ST. AUGUSTINE FL 32092</b> | Mailing Address<br><b>1688 AUSTIN LANE<br/>ST. AUGUSTINE FL 32092</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

☐ CHECK HERE IF MAKING CHANGES

|              |         |              |         |   |  |
|--------------|---------|--------------|---------|---|--|
| City & State |         | City & State |         | 4. FEI Number<br><b>51-0423361</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country | Zip          | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>PINELLI, MICHAEL V JR<br/>1688 AUSTIN LANE<br/>ST. AUGUSTINE FL 32092</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 10, 2003 Fee will be \$750.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PINELLI, MICHAEL V JR<br/>1688 AUSTIN LANE<br/>ST. AUGUSTINE FL 32092</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 OF MICHAEL V JR PINELLI* **9-4-03** **904-287-1452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/03)

Attachment

80144323

Pinelli Products, Inc.

HP02000093596

September 4, 2003

Florida Department of State  
Division of Corporations

RE: Uniform Business Report

Dear Sir,

I received only one 2003 Uniform Business Report request from the Division of Corporations. I did not receive a prior notice.

Therefore, I am submitting the original \$150.00 filing fee as described in the Frequently Asked Questions section within the Uniform Business Report letter. Accordingly, the late fee is waived.

Thank You

*Mike Pinelli*

Mike Pinelli, President  
Pinelli Products, Inc.  
1688 Austin Lane  
St. Augustine, FL 32092  
904.287.1452