2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90287 048 ***150.00

DOCUMENT # P02000095024

1. Entity Name
BRENDA L. BATTAGLIA, INC.

300260350

Principal Place of Business
119-108TH AVE #130
TREASURE ISLAND FL 33706

Mailing Address
119-108TH AVE #130
TREASURE ISLAND FL 33706

all same

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
138-107th Ave #130	138-107th Ave #130
Suite, Apt. #, etc. #130	Suite, Apt. #, etc. #130
City & State Treasure Island, FL	City & State Treas. Island, FL
Zip 33706 Country U.S.	Zip 33706 Country U.S.

4. FEI Number 05 0536757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATTAGLIA, BRENDA L
119-108TH AVE #130
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

0 **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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATTAGLIA, BRENDA L ~~119-108TH AVE #130~~ Changed ~~TREASURE ISLAND FL 33706~~ above address.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 t 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 a 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 Blo changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/03 727-344 6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime