

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90210 013 ***150.00

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DOCUMENT # P02000107150

1. Entity Name
ROMULO PINA INC.



Principal Place of Business
**8331 CALOOSA RD.
FT. MYERS FL 33912**

Mailing Address
**2346 WINKLER AVE.
M-104
FT. MYERS FL 33901**



2. Principal Place of Business

3268 PRINCE EDWARD ISLE

3. Mailing Address

1721 RED CEDAR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

1

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33907

Country

USA

Zip

33907

Country

4. FEI Number

04-3714072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATRICIA, EVANS MS
3777 FOWLER ST.
2
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name
TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
533 E SAMPLER RD
City
ROMPANO BEACH **FL** Zip Code
33064

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 _____

**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	1	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMULO JOSE PINA	
STREET ADDRESS	1721 RED CEDAR DR. #1	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA NEIZE PINA	
STREET ADDRESS	1721 RED CEDAR DR. #1	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE: ROMULO JOSE PINA PRESIDENT

04/30/03

239-939 4675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)