

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

FILED

03 SEP 30 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000119481

1. Entity Name

MARSANTI, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

405 N. STATE STREET

3. Mailing Address

14 CLARIDGE CT. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, Florida

City & State

PAUM COAST FLORIDA

Zip

32110

Country

FLAGLER

Zip

32137

Country

FLAGLER

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN SAVY

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

25 PINE CONE DRIVE

SUITE 2A

City

PAUM COAST

FL

Zip Code

32164

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)

9/25/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

JOSEPH GLASANTI

PRESIDENT

135 LONDON DR.

PAUM COAST, FL 32137

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

FULVIO MARTINOLICH

14 CLARIDGE CT. SO.

PAUM COAST, FL 32137

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/03

Date

386-931-7123

Daytime Phone #

CR2E034B (12/02)

September 25, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

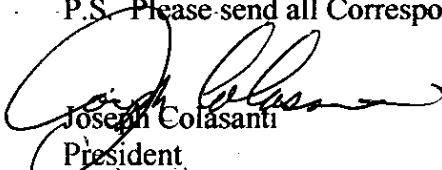
To Whom It May Concern:

Marsaniti Inc. is requesting the Reinstatement Fee of \$600.00 be waived for the following Reasons:

- 1) We are Enclosing form 2553 showing we started doing business on 01/02/03 and were unaware that an annual report was due at this time, we now have an accountant to make sure all our paperwork is done ON TIME.
- 2) We never received an annual report form to fill out for this year. We now know all the forms which need to be filed and will make sure everything is done correctly and on time.

Thank you in advance. If there are any questions please call me at 386-931-7123.

P.S. Please send all Correspondence to: 14 Claridge CT South  
Palm Coast, FL 32137



Joseph Colasanti  
President  
Marsanti, Inc.