

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90098 042 ***150.00

DOCUMENT # P02000124562

1. Entity Name
NEVER SAY GOODBYE, INC.



Principal Place of Business
**35246 US HIGHWAY 19 NORTH
SUITE 185
PALM HARBOR FL 34683**

Mailing Address
**35246 US HIGHWAY 19 NORTH
185
PALM HARBOR FL 34683**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1661505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTUCCI, FRAN
35246 US HIGHWAY 19 NORTH
185
PALM HARBOR FL 34683**

Name **MATTUCCI, FRANCENE**
Street Address (P.O. Box Number is Not Acceptable)
35246 US Hwy. 19 N. #185
City **PALM HARBOR** FL **34683**

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 *Francene Mattucci*
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P MARTUCCI, FRAN**
STREET ADDRESS **35246 US HIGHWAY 19 NORTH #185**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☒ Change ☐ Addition
NAME **P MARTUCCI, FRANCENE**
STREET ADDRESS **35246 US Hwy. 19 N. #185**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Francene Mattucci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)