

FROM : Denitto's

PHONE NO. : 9413622962

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90040 014 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000114188

1. Entity Name
PRIVATE CLIENTS OF SARASOTA, INC.



Principal Place of Business
**460 BELLINI CIRCLE
NOKOMIS, FL 34275**

Mailing Address
**460 BELLINI CIRCLE
NOKOMIS, FL 34275**

20064736



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1071610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARON, ROBERT G
460 BELLINI CIRCLE
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$560.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	BARON, ROBERT G
STREET ADDRESS	460 BELLINI CIRCLE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-05 **941**
966-3529

ATTACHMENT

P030000114188

26064736

Private Clients Service of Sarasota Inc.

A Limousine and Transportation Service By Roberts, Inc.

460 Bellini Circle
Nokomis FL 34275

July 12, 2005

RE: Annual Report Filing

TO: Whom This May Concern

Recently I received notice(s) of Intent to Cancel my corporation(s). Until this notice(s) appeared, I have not received any correspondence from your Division.

My bookkeeper, alarmed and concerned, immediately researched the problem of how this could have been overlooked. It was discovered that not only had we not received your Notification of the Renewal but our due date had changed without any notification. The 2004 return was due September 8 (copy attached) and now the 2005 is due May 1 (that is only a eight month period not an annual time frame).


As noted, I have multiple corporations, three to be exact. In 2004 these reports were filed in a timely manner. Now due to an error, either on the Divisions behalf or on being on last years filing, I may be penalized \$1200.00.

Please take my situation into consideration being a small business. This is totally unaffordable. Please confirm which submission dates are the correct dates so this will not happen again. The forms that I pulled off your web site show my submission dates as September 7, 2005.

I am including this letter of Explanation, copies of last years return and my check for \$150.00.

Thank you for your consideration in forgiving any penalties.

Respectfully submitted,



Robert G. Baron
President

FROM : Denitto's

PHONE NO. : 9413622962


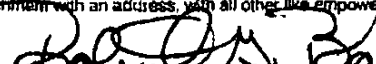
Jul. 04 2004 11:05AM P2

ATTACHMENT

2004 FOR PROFIT CORPORATION
ANNUAL REPORTck 395-PC
\$150.00
7/22/04

ATTACHMENT

F 2604730 44 F &

DOCUMENT # P03000114188					
1. Entity Name PRIVATE CLIENTS OF SARASOTA, INC.					
Principal Place of Business 460 BELLINI CIRCLE NOKOMIS, FL 34275			Mailing Address 460 BELLINI CIRCLE NOKOMIS, FL 34275		
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	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARON, ROBERT G 460 BELLINI CIRCLE NOKOMIS, FL 34275			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature is required when updating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BARON, ROBERT G 460 BELLINI CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: 			7-9-04 941-966-3529		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		