# FILED
# May 05, 2003 8:00 am
# Secretary of State

05-05-2003 91796 043 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33466

1. Entity Name
ANGELO BENEDETTI, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 94 FIRST AVENUE | 94 FIRST AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BEDFORD, OH | City & State: BEDFORD, OH |
| Zip: 44146 Country: CUYAHOGA | Zip: 44146 Country: CUYAHOGA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-0864432 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. **Name and Address of Current Registered Agent**

Name: BENEDETTI, MARGARET E.

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

1199 RED MAPLE CIRCLE

City: ST. PETERSBURG **FL** Zip Code: 33703

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)

**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 | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BENEDETTI, MARGARET E. - CP<br>1199 RED MAPLE CIRCLE<br>ST. PETERSBURG, FL 33703 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BENEDETTI, ALBERT - V<br>2839 BROOKS COURT<br>BROADVIEW HTS, OH 44147 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BENEDETTI, ANGELO - P<br>7540 BRISTOL LANE<br>BRECKSVILLE, OH 44141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E034B (12/02)

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 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:** VP President 2/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #