

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006676

1. Entity Name

LOVAGLIO & ASSOCIATES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90102 016 ***150.00

Principal Place of Business

918 ORANGE AVENUE
WINTER PARK FL 32789

Mailing Address

918 ORANGE AVENUE
WINTER PARK FL 32789-4707

2. Principal Place of Business

3. Mailing Address

2003 Lake Howell Lane
Suite, Apt. #, etc.

2003 Lake Howell Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Maitland FL

Zip
32751

Country

City & State

Maitland FL

Zip

32751

Country

4. FEI Number

59-3161572

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

LOVAGLIO, FRANK S
918 ORANGE AVENUE
WINTER PARK FL 32789

Name

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

2003 Lake Howell Lane

City

Maitland

FL

Zip Code

32751

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Frank S. Lovaglio, Pres 3/28/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOVAGLIO, FRANK S
918 ORANGE AVE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Lovaglio, Frank S.
2003 Lake Howell Lane
Maitland FL 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 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

Frank S. Lovaglio
President

3/28/00

Date

407-644-4686

Daytime Phone #

CR2E034 (9/99)