200d	UNIFORM BUSIN	NESS:REPOF	RT:(UBR)		FILEI	•	
	MENT # P9300006			Jan 13	3. 2001	, 8:00 an	n 👢
1. Entity Name				Jan 13, 2001 8:00 am Secretary of State			
E.J. DAMINATO, INCORPORATED				01-13-2001 90055 048 ***150.00			
Principal Plac	e of Business	Mailing Address		-			
10894 48TH AVI		10894 48TH AVENUE N ST PETERSBURG FL 33708			719141	112 K / L	
JS		us				03541	
2. Principal P	Place of Business	3. Mailing Address	01.1				
Suite Apt	Park Blud.	\$100 Park	<u> 15174</u>		RITE IN THIS SPAC		11867 11863 11864 11865 11865
Bldg P	Suite 2	Bldg 13 Su	ite a	4. FEI Number 59-32065	54	Applied For	
rincila	S Park, F	Pinellas Pa	CK, EL	33 02003		Not Applicable 75 Additional	
<u> 3378</u>	1 USA	33781	V3A	Certificate of Status Desired Name and Address of New	Fee	Required	
	6. Name and Address of Current Re	gisterea Agent	Name	7. Haine and Address of New	riegiateico Agon	<u> </u>	
1083	Inato, etalo j 5 47th ave s		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ST P	ETERSBURG FL 33708					 _	
			City		rL _	Zip Code	
8. The above	named entity submits this statement for the	ne purpose of changing its re				101	
SIGNATURE	Signature, typed or winted name of registered agent and	title if applicable. (NOTE: F	PLO J. D.P. legistered Agent signature requir	PMIWATO ed when reinstating)	1/8/ DATE	101	
	oration is eligible to satisfy its Intangible		FEE IS \$150.00	10. Election Campaign	Financing	\$5.00 May Be	
	requirement and elects to do so. ria on back)	After MAY 1, 2001 Make Check Payable	Fee will be \$550.00 to Department of St			Added to Fees	∃
11.	OFFICERS AND DI	RECTORS Delete	12.	ADDITIONS/CHANGES TO O		ECTORS IN 11 Change	8 = :::
NAME	DAMINATO, ETALO J 10835 47TH AVE N	L. Stille	NAME STREET ADDRESS				4 (10/00)
STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL 33708		CITY-ST-ZIP			OI DANGE	R2E034
TITLE NAME		☐ Delete	TITLE NAME		IJ	Change	5
SIREET ADDRESS CITY-ST-ZIP		. ــــــــــــــــــــــــــــــــــــ	STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			Change	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE			TITLE			Change	
NAME STREET ADDRESS			NAME STREET ADDRESS				= ===
CITY-ST-ZIP			CITY-ST-ZIP TITLE			Change Addition	
NAME		□ Delete	NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			Change	
TITLE NAME		☐ Delete	TITLE NAME		Ц	Change	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
13. I hereby	I certify that the information supplied with the I on this report or supplemental report is tr	ue and accurate and that my	' signature snall nave th	e same legal ellect as il made und	er oam, mar ram a	TOILCE OF CITECTO	
of the cor	on this report of supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, wit	ered to execute this report as h all other like empowered.	s required by Chapter 6	or, riorida Statutes; and that my ha	$_{0ES}$ (727)	2 0 0 0	
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	ITED NAME OF SIGNING OFFICER OF	TALO J	07, Floridā Statutes; and that my na	768 310/ Daytime	9-0306 Phone #	=
					, · · · -		<i></i>