

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90021 005 ***150.00

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DOCUMENT # P93000080506

1. Entity Name

DIDONATO STRIPING & SEALING, INC.

Principal Place of Business

**1945 PENNSYLVANIA AVE
 ENGLEWOOD FL 34224**

Mailing Address

**1945 PENNSYLVANIA AVE
 ENGLEWOOD FL 34224**

2. Principal Place of Business

1995 KENTUCKY AVE

Suite, Apt. #, etc.

3. Mailing Address

1995 KENTUCKY AVE

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34224

Country

USA

Zip

34224

Country

USA

4. FEI Number

65-0454527

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

Name

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

City

FL

Zip Code

ROSILE, DOUGLAS P

P.O. BOX 6332

452 GLENOAK RD

VENICE FL 34293

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

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, 2002 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

**PSTS
 DONATO, MICHAEL D
 1945 PENNSYLVANIA WAY
 ENGLEWOOD FL 34224**

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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:

MICHAEL D DONATO PRES 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 697-5545

CR2E034 (9/01)