2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91771 036 ***150.00

DOCUMENT # P94000029998

1. Entity Name
MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
8206-1200 PROVIDENCE RD #384 CHARLOTTE, NC 28277 US	8206-1200 PROVIDENCE RD #384 CHARLOTTE, NC 28277 US

2. Principal Place of Business	3. Mailing Address
905 Shaded Water Way Suite, Apt. #, etc.	905 Shaded Water Way Suite, Apt. #, etc.
City & State: Lutz, FL	City & State: Lutz, FL
Zip: 33549 Country: USA	Zip: 33549 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-1633902 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T
601 S. HARBOUR ISLAND BLVD
STE 200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Geoffrey T. Hodges
Street Address (P.O. Box Number is Not Acceptable): 5487 Jet Port Industrial Blvd.
City: Tampa FL Zip Code: 33634

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: _____ 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIDULLA, WILLIAM 5107 JULES VERNE CT TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURGIO, JOSEPH JR 727 DAKOTA TRAIL FRANKLIN LAKES, NJ 07417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSEN, GERALDINE 14210 INDIAN WELLS DR HOUSTON, TX 77069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURGIO, DIANE 727 DAKOTA TRAIL FRANKLIN LAKES, NJ 07417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILORENZO, ERNESTINE 2756 ELGINFIELD ROAD COLUMBUS, OH 43220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MIDULLA, JOSEPH D JR. 8206-1200 PROVIDENCE RD #384 CHARLOTTE, NC 28277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MIDULLA, Joseph D, JR. 2504 SHEFFIELD CRESCENT CT. CHARLOTTE, NC 28226	☒ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Midulla Joseph D. Midulla, Pres. 4/25/03 704-364-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #