

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 034 ***150.00

DOCUMENT # P94000054598

1. Entity Name
O'SOLE MIO INC.

f

Principal Place of Business
**5 WEST OSCEOLA STREET
 STUART FL 34994**

Mailing Address
**5 WEST OSCEOLA STREET
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **55-0505054**

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

**GUZZARDO, LYNN
 5 WEST OSCEOLA ST.
 STUART FL 34994**

Name

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

City

FL

Zip Code

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GUZZARDO, LYNN**
 CITY-ST-ZIP **5 WEST OSCEOLA ST.
 STUART FL 34994**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

7-10-00 561-286-2300
 Date Daytime Phone #

CR2E034 (5/00)

Attachment
DH# P94000054598

O' SOLE MIO
5 W Osceola Street
Stuart, FL 34994

Phone 561-286-2300
Fax 561-223-5774

July 10, 2000

Division of Corporations,

Enclosed please find my check payable to Department of State for \$150.00. I did not receive my first notice for 2000 (UBR). If you check my previous 7 years corporation payments you will see I have never been delinquent with a payment.

I feel I should not have to pay the penalty as I did not receive the notice for payment. I have made a note on 2001 calendar to ensure I receive the 1st notice next year.

Thank you for your concern in this matter.

Sincerely,



Lynn Guzzardo
O' Sole Mio Owner