

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014616

1. Entity Name
RAPISARDA ENTERPRISES INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90285 008 ***150.00

Principal Place of Business Mailing Address
846 MOON LIT LANE 846 MOON LIT LANE
CASSELBERRY FL 32707 CASSELBERRY FL 32707

2. Principal Place of Business 3. Mailing Address
846 MOON LIT LANE
Suite, Apt. #, etc. Suite, Apt. #, etc.
CASSELBERRY

City & State City & State
CASSELBERRY FL

Zip Country Zip Country
32707

4. FEI Number **59-3325359** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAPISARDA, THOMAS V
795 WIND WILLOW CIR
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (NOTE: Registered Agent signature required when re-issuing) 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAPISARDA, THOMAS V 795 WIND WILLOW CIR WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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)(f), 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: *Thomas V Rapisarda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001 **4076995938**
Date Original Filing #

CR2E034 (10/00)