

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 APR 11 PM 12:28

DOCUMENT # P95000058593

1. Entity Name

Maggio, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4198 Losillias Drive

3. Mailing Address
4198 Losillias Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number 650597336

Applied For
Not Applicable

Zip
34238

Country
USA

Zip
34238

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Camille J. Iurillo, Esquire

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

4301 Anchor Plaza Parkway, Suite 300

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

January 1 - May 1 Fee is \$150.00.
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Michael Maggio 4198 Losillias Drive Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Nicole M. Maggio 4198 Losillias Drive Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

9419275115

Daytime Phone #

CR2E034B (12/02)