

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005583

1. Entity Name

CHRONOLOGICAL ARCHITECTURAL ART CORP.

Principal Place of Business

504 N. FT. HARRISON
CLEARWATER FL 33755

Mailing Address

504 N. FT. HARRISON
CLEARWATER FL 33755

2. Principal Place of Business

376 PATRICIA AVE.

Suite, Apt. #, etc.

3. Mailing Address

376 PATRICIA AVE.

Suite, Apt. #, etc.

City & State

DUNEDIN FLORIDA

City & State

DUNEDIN FLORIDA

Zip

34698

Country

USA

Zip

34698

Country

USA

6. Name and Address of Current Registered Agent

CAIAZZA, BIAGIO
2700 BAYSHORE BLVD.
#6308
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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

Biagio Caiazza

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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 ☐ Delete
NAME P
STREET ADDRESS COLOMBO, MASSIMO
CITY-ST-ZIP 486 OLD CIRCLE
PALM HARBOR FL 34683

TITLE ☐ Delete
NAME VP
STREET ADDRESS CINTRON, TERESA
CITY-ST-ZIP 751 MARJON AVE
DUNEDIN FL 34698

TITLE ☐ Delete
NAME TS
STREET ADDRESS CAIAZZA, BIAGIO
CITY-ST-ZIP 2700 BAYSHORE BLVD., #6308
DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Biagio Caiazza (Biagio CAIAZZA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/20/01 (727) 734-2254

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90316 009 ***150.00



DO NOT WRITE IN THIS SPACE