

FILED
May 03, 2004 08:00 AM
Secretary of State

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600005583	
1. Entity Name Chronological Architectural Art, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1910 Calumet Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Clearwater, FL	City & State
Zip 33785	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3359010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Biaggio Caiazza	
Street Address (P.O. Box Number is Not Acceptable) 761 Marion Street	
City Dunedin	Zip Code 34698

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 Biaggio Caiazza **4/28/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Biaggio Caiazza 761 Marion Street Dunedin-FL-34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000146473 01/23/04-80066-014 150.00
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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 like empowered.

SIGNATURE: Biaggio Caiazza **4/28/2004** **(727) 410-9750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #