

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90069 050 ***150.00

DOCUMENT # P96000024053

1. Entity Name
SCHIANO BROTHERS, INC.

Principal Place of Business
**1801 NW HIGHWAY 19 STORE 501
CRYSTAL RIVER MALL
CRYSTAL RIVER FL 34429**

Mailing Address
**1801 NW HIGHWAY 19 STORE 501
CRYSTAL RIVER MALL
CRYSTAL RIVER FL 34429**

607949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3772 S. SUNCOAST BLVD
Suite, Apt. #, etc.

3. Mailing Address
3772 S. SUNCOAST
Suite, Apt. #, etc. **BLVD**

City & State
HOMOSASSA, FL 34448
Zip **34448** County **CITRUS**

City & State
HOMOSASSA, FL
Zip **34448** County **CITRUS**

4. FEI Number **59-3374677** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DICOLA, VINCENTO
1801 NW HIGHWAY 19 STORE 501
CRYSTAL RIVER MALL
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent
Name **NGUYEN M THAI**
Street Address (P.O. Box Number is Not Acceptable)
3772 S. SUNCOAST BLVD
City **HOMOSASSA** FL Zip Code **34448**

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  **PRESIDENT** **1/1/2001**
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 \$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 | D SCHIANODICOLA, VINCENTO 1801 NW HIGHWAY 19 STORE 501 CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT QUYNH LE 10582 W. EDGAR LN CRYSTAL RIVER FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CODY FARM 37 HEATH ST MILPITAS CA 95055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **1/1/2001** **(352)564-8148**
SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)