

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035529

1. Entity Name
CESARIO, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90024 031 ***558.75

Principal Place of Business 333 BIRD KEY DRIVE SARASOTA FL 34236 US	Mailing Address 333 BIRD KEY DRIVE SARASOTA FL 34236 US
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2. Principal Place of Business 1718 Main St. Suite, Apt. #, etc. #203	3. Mailing Address 1718 Main St. Suite, Apt. #, etc. #203
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236	Zip 34236
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCDONALD, MICHAEL J
333 BIRD KEY DRIVE
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name: Michael J. McDonald
Street Address (P.O. Box Number is Not Acceptable): 1718 Main St., #203
City: Sarasota, FL Zip Code: 34236

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: [Signature] DATE: 8/30/2000
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 BADESSA-MCDONALD, LYNN M 800 BEN FRANKLIN DR SUITE 304 SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, MICHAEL J 800 BEN FRANKLIN DR SUITE 304 SARASOTA FL 34236 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	D Lynn M. Badessa-McDonald 1718 Main St., #203 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn M. Badessa <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J. McDonald 1718 Main St., #203 Sarasota, FL 34236 <input checked="" 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/30/2000 Daytime Phone #: 941.388-1111

CR2E034 (5/00)