

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062124

1. Entity Name

FRANK CARMELITANO, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90071 013 ***150.00

Principal Place of Business

1134 FERNWOOD DR.
HOLIDAY FL 34690
US

Mailing Address

1134 FERNWOOD DR.
HOLIDAY FL 34690
US

00019988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1134 Fernwood Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Zip

34690

Country

USA

Zip

Country

4. FEI Number 59-3409442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMELITANO, FRANK
1139 FERNWOOD DR.
HOLIDAY FL 34689

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

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 D
NAME CARMELITANO, FRANK
STREET ADDRESS 176 EARL STREET
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Frank R. Carmelitano

Frank R. CARMELITANO

Feb 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)