

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~ P96000063431

1. Entity Name
ANTHONY F. FORCELLA, INC.

Principal Place of Business
11520 110TH STREET
LARGO FL 33778

Mailing Address
11520 110TH STREET
LARGO FL 33778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3390773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORCELLA, ANTHONY F
11520 110TH STREET
LARGO FL 33778

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORCELLA, ANTHONY F
11520 110TH STREET
LARGO FL 33778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004618563--0
-10/01/01--01077--020
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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SP

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: *Anthony F. Forcella* ANTHONY F. FORCELLA

9/17/01 727-399-0223

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 AM 9:06



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

AF **Forcella, Inc.**
AUTOMATION

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September 17, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Annual fee - Corporations

Please accept the remitted amount of \$150.00 mailed 09/17/2001. We never received the notification/bill in January neither did we receive a duplicate that was supposed to be sent out early May after a phone call to your office. Upon calling your office, they told me to download the form we need to fill out and submit the check for \$150.00 along with a letter of explanation as to why it is arriving late. We were unable to download the forms completely due to technical difficulties. In the interim we received the needed form in the mail. By this time we had a personnel change creating further complications on getting the form to you due to a void in the position that handles these matters. Please accept our filing fee in the amount of \$150.00 as payment in full. If you have any questions please contact us at the number below.

Sincerely,

Anthony F. Forcella
Anthony F. Forcella *CFH*

8217 113th Street North * Seminole, FL 33772

(727) 399-0203 * 800-337-7292 * (727) 399-0231 fax