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FILED
May 12, 2002 8:00 am
Secretary of State

04-03-2002 90190 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071092

1. Entity Name

THE FASULO EFFORT, INC.

Principal Place of Business

1805 W. MORRISON AVE
 TAMPA FL 33606

Mailing Address

1805 W. MORRISON AVE
 TAMPA FL 33606

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

59-3418115

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

FRY, RAY D
 320 BAYSHORE BLVD NORTH
 UNIT 107
 CLEARWATER FL 34695

→ Same address
 I made a mistake.

Name: Ray Fry
 Street Address (Box Number is Not Presentable): 320 Bayshore Blvd N. Unit 107
 City: Clearwater FL Zip: 34695

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 state if applicable

(NOTE: Registered Agent signature required when resigning)

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, 2002 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	<input type="checkbox"/> Delete
	DPST			
	FASULO, BRIAN S	1805 W MORRISON AVE	TAMPA FL 33606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)

813
 250
 9704