

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101696

1. Entity Name

CHIRICHIGNO PROPERTIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90139 020 ***150.00

Principal Place of Business

350 MT. VERNON STREET
OLDSMAR FL 34677

Mailing Address

103 PINE ST
OLDSMAR FL 34677-2112

2. Principal Place of Business

103 Pine Ave
Suite, Apt. #, etc.

3. Mailing Address

103 Pine Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number

65-0724572

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIRICHIGNO, JERRY L
12703 CORRAL RD
TAMPAAR FL 33626

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	CHIRICHIGNO, JERRY L	
STREET ADDRESS	12703 CORRAL ROAD	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CHIRICHIGNO, KATHLEEN J	
STREET ADDRESS	12703 CORRAL ROAD	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

04-28-00 813-818-0202

CR2E034 (9/99)