

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90127 036 ***150.00

DOCUMENT # P96000103765

1. Entity Name

CREVELLO FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

SEMINOLE BLVD. SUITE A
PETERSBURG FL 33708

5200 SEMINOLE BLVD. SUITE A
ST PETERSBURG FL 33708-3367

2. Principal Place of Business

11621 SEMINOLE BLVD
Suite, Apt. #, etc.

3. Mailing Address

11621 SEMINOLE BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SEMINOLE FL

City & State
SEMINOLE FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
33778

Country
USA

Zip
33778

Country
USA

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

6. Name and Address of Current Registered Agent

CREVELLO, PAUL F
5200 SEMINOLE BLVD, SUITE A
ST PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name **CREVELLO PAUL F**
Street Address (P.O. Box Number is Not Acceptable)
11621 SEMINOLE BLVD
City **SEMINOLE** FL Zip Code **33778**

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 *Paul Crevello* **PRES**

4-10-00

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

OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CREVELLO, PAUL F	
STREET ADDRESS	5200 SEMINOLE BLVD, SUITE A	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VD	☐ Delete
NAME	CREVELLO, CHRISTINE	
STREET ADDRESS	5200 SEMINOLE BLVD, SUITE A	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PAUL CREVELLO F	☒ Change ☐ Addition
NAME		
STREET ADDRESS	11621 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33778	
TITLE	VD	☒ Change ☐ Addition
NAME	CHRISTINE CREVELLO	
STREET ADDRESS	11621 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33778	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Paul Crevello **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 727 3190043

Date

Daytime Phone #

CR2E034 (9/99)