

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 026 ***150.00

DOCUMENT # P97000034591

1. Entity Name

FLORIDA INVESTMENT PARTNERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2744 SUMMITDALE DR N

3. Mailing Address

PO BOX 6101

Suite, Apt. #, etc.

STE 210

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Palm Harbor, FL

Zip

33761

Country

Zip

34684

Country

4. FEI Number

59-346574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MICHAEL F. TAGARELLI

Street Address (P.O. Box Number is Not Acceptable)

1200 TARPON NEEDS 3RD BLD 0/9

City

Palm Harbor,

FL

Zip Code

34685

**DO NOT WRITE
IN THIS SPACE**

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)

April 29, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Pres O. MICHAEL TAGARELLI PO BOX 6101 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPI/D VINCENZA TAGARELLI 2609 ALT 19 PALM HARBOR, FL 34683
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. P.

April 29, 2002

Date

Daytime Phone #

att 3

CR2E034B (12/01)