

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052867

1. Entity Name

CHARLES CANGIALOSI INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90119 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2913 PECAN AVE.  
LEESBURG FL 34748

2913 PECAN AVE.  
LEESBURG FL 34748-6482

2. Principal Place of Business

FLORIDA

3. Mailing Address

2913 Pecan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

4. FEI Number

59-3457788

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

CANGIALOSI, CHARLES

202 GIBSON WAY  
PORT ORANGE FL 32119

2913 Pecan Ave  
Leesburg FL 34748

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
CANGIALOSI, CHARLES  
STREET ADDRESS 202 GIBSON WAY 2913 Pecan Ave  
CITY-ST-ZIP PORT ORANGE FL 32119 Leesburg FL 34748

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

1/5/00