

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90008 023 \*\*\*150.00

**DOCUMENT # P97000056023**

**1. Entity Name**  
**MENNA BROTHERS NUMBER TWO, INC.**

**Principal Place of Business**  
**5318 US HWY 19 N**  
**NEW PORT RICHEY FL 34652**

**Mailing Address**  
**38724 US 19 NORTH**  
**TARPON SPRINGS FL 34689**  
**US**

**2. Principal Place of Business**  
**38724 US 19 NORTH**

**Suite, Apt. #, etc.**  
**SUITE 100**

**City & State**  
**TARPON SPRINGS FL**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**

**Zip**  
**34689**

**Country**  
**USA**

**6. Name and Address of Current Registered Agent**

**MENNA, AGOSTINO**  
**38724 US 19 NORTH**  
**TARPON SPRINGS FL**

**7. Name and Address of New Registered Agent**

**Name**  
**MENNA, AGOSTINO**

**Street Address (P.O. Box Number is Not Acceptable)**  
**2958 KENILWICK DRIVE NORTH**

**City**  
**CLEARWATER**

**FL**

**Zip Code**  
**33761**

**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, 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**  
**VP**

**NAME**  
**MENNA, JOHN**

**STREET ADDRESS**  
**5318 US 19 N**

**CITY-ST-ZIP**  
**NEW PORT RICHEY FL 34652**

**TITLE**  
**CEO**

**NAME**  
**MENNA, JOHN**

**STREET ADDRESS**  
**38724 US 19 N**

**CITY-ST-ZIP**  
**TARPON SPRINGS FL 34689**

**TITLE**  
**BRUNO**

**NAME**  
**MENNA, BRUNO**

**STREET ADDRESS**  
**28598 US-19TH N**

**CITY-ST-ZIP**  
**CLEARWATER FL 33761**

**TITLE**  
**P**

**NAME**  
**MENNA, AGOSTINO**

**STREET ADDRESS**  
**2958 KENILWICK DR N**

**CITY-ST-ZIP**  
**CLEARWATER FL 33761**

**TITLE**  
**S**

**NAME**  
**MENNA, MARCO**

**STREET ADDRESS**  
**2896 CHANCERY LANE**

**CITY-ST-ZIP**  
**CLEARWATER FL 33759**

**TITLE**  
**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**VP**

**NAME**  
**MENNA, MARIO**

**STREET ADDRESS**  
**38724 US 19 N**

**CITY-ST-ZIP**  
**TARPON SPRINGS FL 34689**

**TITLE**  
**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**  
**DECEASED**

**NAME**  
**ESTATE OF BRUNO MENNA**

**STREET ADDRESS**  
**38724 US-19-N**

**CITY-ST-ZIP**  
**TARPON SPRINGS FL 34689**

**TITLE**  
**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**  
**D/S/T/N**

**NAME**  
**MENNA, MARCO**

**STREET ADDRESS**  
**2896 CHANCERY LANE**

**CITY-ST-ZIP**  
**CLEARWATER FL 33759**

**TITLE**  
**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, without other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02** **727-796-9640**

Date

Daytime Phone #

CR2E034 (9/01)