

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079361

1. Entity Name
PICCOBELLO CORPORATION

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90017 007 ***150.00

Principal Place of Business 301 S. GULFVIEW BLVD. CLEARWATER BEACH FL 33767 US	Mailing Address 301 S. GULFVIEW BLVD. CLEARWATER BEACH FL 33767 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1767 Sand Hollow Lane	
City & State		City & State Palm Harbor - FL	
Zip	Country	Zip	Country
		34683	U.S.A

4. FEI Number 59-3470652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THAVABALASINGAM, KANDIAH P. 301 S. GULFVIEW BLVD. CLEARWATER BEACH FL 33767	7. Name and Address of New Registered Agent Name: THAVABALASINGAM - KANDIAH - P Street Address (P.O. Box Number is Not Acceptable) 1767 Sand Hollow Lane City: Palm Harbor FL Zip Code: 34683
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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: *P. Thavabalasingam* (THAVABALASINGAM - KANDIAH - P) DATE: 04-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAVABALASINGAM, KANDIAH P 301 S. GULFVIEW BLVD. CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THAVABALASINGAM, NALINI 301 S. GULFVIEW BLVD. CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *P. Thavabalasingam* (THAVABALASINGAM - KANDIAH - P) (PRESIDENT) DATE: 04-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)