

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 019 ***150.00

DOCUMENT # **P9700000 90478**

1. Entity Name

PORT HOLDING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9815 HERMOSILLO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

9815 HERMOSILLO DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3473870

Applied For

Not Applicable

Zip

Country

34653

Zip

Country

34653

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

CAVALIERE, GERALDINE

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

9815 HERMOSILLO DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34653

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)

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

VICE PRESIDENT

CAVALIERE, GERALDINE

9815 HERMOSILLO DRIVE

NEW PORT RICHEY, FL 34653

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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: **Geraldine Cavaliere**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALDINE CAVALIERE V.P. 4/9/02 727-375-1842

Date

Daytime Phone #

CR2E034B (12/01)