

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099953

1. Entity Name

EUGENE P. CASTAGLIUOLO, ESQ., P.A.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90022 035 \*\*\*150.00

Principal Place of Business

Mailing Address

28960 U.S. HIGHWAY 19 NORTH  
 SUITE 100  
 CLEARWATER FL 33761

28960 U.S. HIGHWAY 19 NORTH  
 SUITE 100  
 CLEARWATER FL 33761-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3477704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASTAGLIUOLO, EUGENE P. P.A.  
 28960 U.S. HIGHWAY 19 NORTH  
 SUITE 100  
 CLEARWATER FL 33761

*THERE IS NO "P.A." IN NAME OF REGISTERED AGENT*

Name **EUGENE P. CASTAGLIUOLO**

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

City

*(ADDRESS IS OK AS STATED)*

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 **D**  
 NAME **CASTAGLIUOLO, EUGENE P**  
 STREET ADDRESS **28960 US HIGHWAY 19 N STE 100**  
 CITY-ST-ZIP **CLEARWATER FL 33761**

☐ Delete

TITLE **DIRECTOR AND PRESIDENT**  
 NAME **(NAME AND ADDRESS ARE OK AS STATED)**  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE P. CASTAGLIUOLO, ESQ., P.A.

ATTORNEY AT LAW

Date

JAN. 7, 2000

Daytime Phone #

(727) 797-6623

CR2E034 (9/99)