

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

1059, Inc.

DO NOT WRITE IN THIS SPACE

B0057402

2. Principal Place of Business
215 Hendricks St.

3. Mailing Address
PO Box 1624

Suite, Apt. #, etc.
NA

Suite, Apt. #, etc.
NA

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
✓ 59-350-3749

Applied For
Not Applicable

33755

Country
Pinellas

Zip
33757

Country
Pinellas

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
Tom Bratsos

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

215 Hendricks St.

City
Clearwater FL 33755

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

P, S, D
Tom Bratsos
215 Hendricks St.
Clearwater, FL 33755

TITLE
NAME
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Daytime Phone #

727-447-1730

CR2E034B (12/01)