

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003460

1. Entity Name
HEGRADO PROPERTIES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90010 024 ***150.00

Principal Place of Business

210 22ND AVENUE NORTHEAST #10
ST. PETERSBURG FL 33704

Mailing Address

210 22ND AVENUE NORTHEAST #10
ST. PETERSBURG FL 33704

2. Principal Place of Business

210 22ND AVE N.E.

3. Mailing Address

491 ST. TROPEZ CIRCLE N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

Zip

33704

Country

U.S.A.

Zip

33703

Country

U.S.A.

4. FEI Number 59-3484534

Applied For

Not Applicable

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

MARSILIO, DOMENICK
210 22ND AVENUE NORTHEAST #10
ST. PETERSBURG FL 33704

Name

MARSILIO, DOMENICK

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

491 ST. TROPEZ CIRCLE N.E.

City

ST. PETERSBURG

FL

Zip Code

33703

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS MARSILIO, DOMENICK
CITY-ST-ZIP 210 22ND AVENUE NORTHEAST #10
ST. PETERSBURG FL 33704

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 491 ST. TROPEZ CIRCLE N.E.
CITY-ST-ZIP ST. PETERSBURG, FL. 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-01
Date

727-522-0780
Daytime Phone #

CR2E034 (10/00)