

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

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 019 ***150.00

DOCUMENT # D98000066542

1. Entity Name

Aceto & Stretch, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13 Eloise Cir

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach FL

City & State

Same

4. FEI Number

59-3531487

Applied For

Not Applicable

Zip

32174

Country

Zip

Same

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Loguidice JOE CPA

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

1515 Ridgewood Ave

Holly Hill

City

FL

32117

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 31 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE (P) Aceto DEIDRE
NAME
STREET ADDRESS 13 Eloise CR
CITY-STATE-ZIP Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D Stretch Barbara A Delella
NAME
STREET ADDRESS 44 Navarra Ct
CITY-STATE-ZIP St Augustine FL

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deidre Aceto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

Date

Daytime Phone #

Attachment

**Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500**

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July 22, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. Last year we asked the dep of state to change our mailing address and to up date your records, this did not happen. I have my mail going to my account at the address we requested to have all mail change to. -I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

ACETO & STRETCH, INC
CARE OF JOE LOGUIDICE, CPA
1515 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117