

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90020 034 ***150.00

DOCUMENT # P98000075037

1. Entity Name

FRANK A. EULO, L.M.T., INC.

Principal Place of Business

**11910 OAK TRAIL WAY
 PORT RICHEY FL 34668**

Mailing Address

**11910 OAK TRAIL WAY
 PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

7236 SR 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 3

City & State

City & State

BAYONET POINT, FL

Zip

Country

Zip

Country

34667

4. FEI Number

59-3528349

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

EULO, FRANK A

**11910 OAK TRAIL WAY
 PORT RICHEY FL 34668**

Name

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

7236 SR 52, STE 3

City

BAYONET POINT

FL

Zip Code

34667

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

Frank A Eulo **FRANK A Eulo President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D EULO, FRANK A 11910 OAK TRAIL WAY PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EULO, ANNAMARIA 11910 OAK TRAIL WAY PORT RICHEY FL 34668	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7236 SR 52, STE 3 BAYONET POINT, FL 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7236 SR 52, STE 3 BAYONET POINT, FL 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: X SIG FRANK A EULO FRANK A EULO X 1/26/02 X (707) 862-1406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)