

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

FILED

03 DEC -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087659

1. Entity Name

OLD INTO NEW, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5269 TIFFANY ANN CIRCLE

3. Mailing Address
5269 TIFFANY ANN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FLORIDA

City & State
WEST PALM BEACH, FLORIDA

REINSTATEMENT 03

4. FEI Number 650880542

Applied For

Not Applicable

Zip
33417

Country
PALM BEACH

Zip
33417

Country
PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name EDWIN L. CRAMMER

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

7491 W. OAKLAND PARK BLVD. SUITE 301

City LAUDERHILL,

FL

Zip Code
33319

**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

Edwin L. Cramer

11/20/03

DATE

January 1 - May 1 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 | NAME | STREET ADDRESS | CITY - ST - ZIP |
|----------|-------------------|-------------------------|---------------------------|
| PRES/DIR | SHIAVONE, MICHAEL | 5269 TIFFANY ANN CIRCLE | WEST PALM BEACH, FL 33417 |
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**DO NOT WRITE
IN THIS SPACE**

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

Michael Schivone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

9540742-8700

Daytime Phone #

CR2E034B (12/02)

EDWIN L. CRAMMER, P.A.

Certified Public Accountant

7491 W. Oakland Park Blvd. #301 • Lauderhill, FL 33319 • 954-742-8700 • Fax: 954-742-8786

November 20th 2003

Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Re: P98000087659

To Whom It May Concern:

I am writing to you on behalf of my client Old Into New, Inc., regarding the filing of his Uniform Business Report for the year 2003.

My client moved to a new address in 2002. As a result, he did not receive your Uniform Business report to be filed for the current year. He only just realized that because he did not receive the form he did not file the report.

I have completed the report for him and am enclosing it herewith, with a check for \$150.00. I am requesting that you forgive the penalty charge due to the fact that he did not receive the actual form which would have served as a reminder to file.

Respectfully:


Edwin L. Crammer
Certified Public Accountant