

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90275 005 ***150.00

0363189

DOCUMENT # P98000106777

1. Entity Name

FANITSA, INC.

Principal Place of Business

**3909 CENTRAL AVENUE
 ST. PETERSBURG FL 33713**

Mailing Address

**3909 CENTRAL AVENUE
 ST. PETERSBURG FL 33713**

818846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 Beach Dr. NE Suite 101 & 102
 St. Petersburg, FL**

3. Mailing Address

**956 39th AVE N.
 33701 St. Pete. FL.**

City & State

City & State

4. FEI Number

59-3548723

Applied For

Not Applicable

Zip

Country

USA

Zip

33703

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GOODIS, JEFFREY M
 333 THIRD AVENUE NORTH
 4TH FLOOR
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **PT** ☐ Delete
 NAME **MEENAN, FRANIRSA**
 STREET ADDRESS **956 39TH AVE NO**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE **VP** ☐ Delete
 NAME **MEEHAN, GEORGE**
 STREET ADDRESS **956 39TH AVE NO**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)