

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000002900

1. Entity Name  
R. SCIVETTI 101 CORPORATION

Principal Place of Business  
3121 HILLSIDE LN  
SAFETY HARBOR FL 34695

2. Principal Place of Business  
3215 San Pedro St.  
Suite, Apt. #, etc.

3. Mailing Address  
3215 San Pedro St.  
Suite, Apt. #, etc.

City & State  
Clearwater FL

Zip  
33759

Country  
USA

6. Name and Address of Current Registered Agent

SCIVETTI, RICHARD  
3121 HILLSIDE LN  
SAFETY HARBOR FL 34695

4. FEI Number  
59-3550456

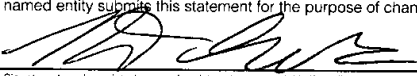
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
SCIVETTI, RICHARD  
Street Address (P.O. Box Number is Not Acceptable)  
3215 SAN PEDRO Street  
City  
Clearwater FL Zip Code  
33759

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  6/10/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
SCIVETTI, RICHARD JR.  
3121 HILLSIDE LN  
SAFETY HARBOR FL 34695 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
SCIVETTI, JODIE  
3121 HILLSIDE LN  
SAFETY HARBOR FL 34695 ☐ 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  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3215 San Pedro St.  
Clearwater FL 33759 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3215 San Pedro St.  
Clearwater FL 33759 ☒ 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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 07, 2002 8:00 am  
Secretary of State  
01-07-2002 90012 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

6/10/02 727-410-0854