## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P9900003797 1. Entity Name SANTA LUCIA & THOMAS, INC. 04-19-2001 90038 035 \*\*\*150.00 Principal Place of Business Mailing Address 4500 140TH AVE N 4500 140TH AVE N STE 220 STE 220 CLEARWATER FL 33762 CLEARWATER FL 33762 US US 2. Principal Place of Business 3. Mailing Address Ulmerton Rd 5801 5801 Ulmerton Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 200 Applied For City & State City & State 4. FEI Number 59-3549639 EGRWATER Not Applicable eur WATE Country PINE 1 (AS \$8.75 Additional 5. Certificate of Status Desired 33760 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCIA, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2913 LACONCHA DR. CLEARWATER FL 33762 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE 5801 Ulmerton Rd - Ste 200 SANTA LUCIA, ROBERT A NAME NAME STREET ADDRESS 4500 140TH AVE N STE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** TITLE VST ☐ Delete TITLE 5801 Ulmerton Rd - Ste 200 THOMAS, D K NAME NAME STREET ADDRESS STREET ADDRESS 4500 140TH AVE N STE 220 Cleurwater FL 33760 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Change ☐ Addition ☐ Delete TITLE NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this fling 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 employered 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 adarcs. If the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) indicated in Section 119.07(3)(iii) indicated in Section 119.07(3)(iii) indicated in Section 119

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

0/-11-01

727-532-9933

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10