

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042466

1. Entity Name

THE INSOMNIA SQUAD, INC. ✓

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90015 048 ***150.00

Principal Place of Business

Mailing Address

1719 Mandalay Dr.
Tarpon Springs, FL

46 Walter Sanders
13910 N. Dale Mabry Hwy
Suite One
Tampa, FL 33618

2. Principal Place of Business

3. Mailing Address

3355 W. Bearss Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

59-3584672

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Walter Sanders
13910 N. Dale Mabry Hwy, Suite One
Tampa, FL 33618

Name

Walter Sanders

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

3355 W. Bearss Ave

City

Tampa

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

4/21/00

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, 2000 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 ☐ Delete
NAME Gregory P. Monaco
STREET ADDRESS 2235 E. 53rd St Apt 2B
CITY-ST-ZIP NYC, NY 10022

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

TITLE ☐ Delete
NAME Kristin M. Monaco
STREET ADDRESS 2235 E. 53rd St. Apt. 2B
CITY-ST-ZIP NYC, NY 10022

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 #

4.28.2000 212.237.7407

CR2E034 (9/99)