

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042466

1. Entity Name
THE INSOMNIA SQUAD, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90106 010 ***150.00

Principal Place of Business
1719 MANDALAY DR.
TARPON SPRINGS FL 34689

Mailing Address
1719 MANDALAY DR.
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3355 Bearss Ave
Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip
33618

Country
US

4. FEI Number 59-3584672
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 N. DALE MABRY HWY., SUITE 1
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name
Walter Sanders

Street Address (P.O. Box Number is Not Acceptable)
3355 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

Signature, typed or printed name of registered agent and title if applicable.

WALTER SANDERS

(NOTE: Registered Agent signature required when reinstating)

4/17/01

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
D

NAME
MONACO, GREGORY P

STREET ADDRESS
1719 MANDALAY DR.

CITY-ST-ZIP
TARPON SPRINGS FL 34689

☐ Delete

TITLE
D

NAME
MONACO, KRISTIN M

STREET ADDRESS
1719 MANDALAY DR.

CITY-ST-ZIP
TARPON SPRINGS FL 34689

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

4-21-2001

Date

212 237 7407

Daytime Phone #

CR2E034 (10/00)