

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 026 ***150.00

DOCUMENT # P99000042466

1. Entity Name

THE INSOMNIA SQUAD, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1719 MANDALAY DR.

Suite, Apt. #, etc.

3. Mailing Address

3355 BEARSS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL

City & State

TAMPA, FL

4. FEI Number

59-3584672

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter Sanders

Walter Sanders

5-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MONACO, GREGORY P.

1719 MANDALAY DR.

TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MONACO, KRISTIN M.

1719 MANDALAY DR.

TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Greg Monaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-03

Date

727-934-6677

Daytime Phone #

CR2E034B (12/02)

Attachment 80120325

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

May 15, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida-32314

RE: The Insomnia Squad, Inc.
Document #P99000042466

Dear Sir or Madam:

Please be advised it was recently discovered that the original 2003 Annual Report/Uniform Business Report form was never received by the above referenced corporation from your office and, therefore, was not timely filed.

Enclosed, please find a handwritten report and a check in the amount of \$150.00 to cover the filing fee for same. Please waive the applicable reinstatement fee which would be due in view of the fact that the original documents were never received from your office.

Your understanding and prompt response to our request is appreciated.

If you require any further information regarding this matter, please feel free to contact my office.

Thank you.

Sincerely,

Walter S. Sanders

WSS/sw