

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043189

1. Entity Name

SAVO INDUSTRIES, INC.

Principal Place of Business

5310 CYPRESS CENTER DRIVE STE. 115
TAMPA FL 33609

Mailing Address

5310 CYPRESS CENTER DRIVE STE. 115
TAMPA FL 33609

APPROVED
AND
FILED

00 OCT 12 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2203 N. Lois Avenue

3. Mailing Address

2203 N. Lois Avenue

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

9th Floor

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

62-1797169

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTO, CHRISTOPHER
5310 CYPRESS CENTER DRIVE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: Loto, Christopher
Street Address (P.O. Box Number is Not Acceptable):
2203 N. Lois Avenue
9th Floor
City: Tampa FL Zip Code: 33607

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

Christopher J. Loto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEES \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 SAVORELLI, FRANK
NAME: SAVORELLI, FRANK
STREET ADDRESS: 5310 CYPRESS CENTER DRIVE STE. 115
CITY-ST-ZIP: TAMPA FL 33609 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Savorelli, Frank ☒ Change ☐ Addition
NAME: SAVORELLI, FRANK
STREET ADDRESS: 5310 CYPRESS CENTER DRIVE STE. 115
CITY-ST-ZIP: TAMPA, FL 33607 ☐ Change ☐ Addition

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

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

REINSTATEMENT

200003446762--9
-11/01/00--01045--010
****750.00 ****750.00

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-00

Date

(813) 286-1117

Daytime Phone #