

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046387

1. Entity Name
EDWARD PETRILLO & ASSOCIATES, INC.

Principal Place of Business
420 BEACH ROAD
SUITE 503
SARASOTA FL 34242

Mailing Address
420 BEACH ROAD
SUITE 503
SARASOTA FL 34242

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0921875 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PTD
PETRILLO, EDWARD A
STREET ADDRESS 420 BEACH ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE NAME ☐ Change ☐ Addition
500004560855-6
-08/28/01--01104--002
CITY-ST-ZIP *****150.00 *****150.00

TITLE NAME ☐ Delete
SVD
MERSEY, JUDY K
STREET ADDRESS 420 BEACH ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

FILED

01 AUG 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

*Attachment
P99000046387*

2082

ROBERT M. ROSEN
Certified Public Accountant

2137 63rd Avenue East
Bradenton, Florida 34203
Tel. (941) 755-8500
Fax (941) 753-7481
(800) 217-6136

August 10, 2001

Florida Dept. of State
Uniform business Report
P.O. Box 6327
Tallahassee, Fl 32314

Re: Edward Petrillo & Assoc., Inc.
EIN 65-0921875

Gentlemen:

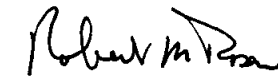
Mr. Edward Petrillo, president and principal stockholder, passed away on July 10, 2001. He had been terminally ill for the past year.

His family and associates were, understandably, detracted from the business requirements this past year.

We are requesting that you accept the enclosed check in the amount of \$150 for this year's fee. The executrix has opted to keep the corporation open to handle to minimal residual commissions.

Thanking you in advance for your consideration of the above.

Sincerely,


ROBERT M. ROSEN