

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90150 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000046568

1. Entity Name
DEPALANTINO INCORPORATED



Principal Place of Business
4063 CARLYLE LAKES BLVD
PALM HARBOR, FL 34685

Mailing Address
4063 CARLYLE LAKES BLVD
PALM HARBOR, FL 34685

2. Principal Place of Business
405 Forest Park Road

3. Mailing Address
405 Forest Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State
Oldsmar, FL

Zip
34677

Country
USA

Zip
34677

Country
USA

4. FEI Number
59-3580350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEPALANTINO, NORMAN
4063 CARLYLE LAKES BLVD
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
405 Forest Park Road

City
Oldsmar

FL

Zip Code
34677

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

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

(NOTE: Registered Agent signature required when reinstating)

3/23/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 D ☐ Delete
NAME DEPALANTINO, NORMAN
STREET ADDRESS 4063 CARLYLE LAKES BLVD
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE VP ☐ Delete
NAME DEPALANTINO, RUTH
STREET ADDRESS 4063 CARLYLE LAKES BLVD
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 Forest Park Road
CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 405 Forest Park Road
CITY-ST-ZIP Oldsmar, FL 34677

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

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

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 Block 11 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

3/23/03 777-785-2454
Date Daytime Phone #

CR2E034 (10/02)