

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000049920

1. Entity Name

SASSONE FINANCIAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90042 011 ***150.00

Principal Place of Business

Mailing Address

300 S. HYDE PARK AVE., STE. 155
TAMPA FL 33606300 S. HYDE PARK AVE., STE. 155
TAMPA FL 33606-2296

2. Principal Place of Business

3. Mailing Address

69 Davis Blvd.

69 Davis Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1B

1B

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33606

USA

33606

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3582638

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

SASSONE, JOHN E
 300 S. HYDE PARK AVE., STE. 155
 TAMPA FL 33606

Name SASSONE, JOHN E

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

69 Davis Blvd #1B

City Tampa

FL

Zip Code

33606

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	John E. Sassone	69 Davis Blvd #1B	Tampa, FL 33606	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE:

John E. Sassone President
 John E. Sassone 3/27/2000 (813) 259-9634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)