

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062250

1. Entity Name

LOPINTO ENTERPRISES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90125 004 ***150.00

0043997



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6252 COMMERCIAL WAY, PMB 144 WEEKI WACHEE FL 34613	Mailing Address 6252 COMMERCIAL WAY, PMB 144 WEEKI WACHEE FL 34613-6329		
2. Principal Place of Business 8963 STATE ROAD 52	3. Mailing Address 8963 STATE ROAD 52		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Hudson, FL	City & State Hudson, FL		
Zip 34667	Country USA	Zip 34667	Country USA

4. FEI Number 59-3587139	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALES, LARRY J 2739 U.S. HWY. 19, STE. 223 HOLIDAY FL 34691	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPINTO, ANTHONY 6252 COMMERCIAL WAY, PMB 144 WEEKI WACHEE FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPINTO, MELINA 6252 COMMERCIAL WAY, PMB 144 WEEKI WACHEE FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Anthony S. Lopinto, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

727-862-2500

Daytime Phone #