

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90292 038 ***150.00

DOCUMENT # **P99000066446**

1. Entity Name

Call Some Body, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Call Some Body, Inc.

Suite, Apt. #, etc.
P.O. Box 3106

City & State
Holiday Florida

Zip
34690

Country
U.S.A.

3. Mailing Address

Call Some Body, Inc.

Suite, Apt. #, etc.
P.O. Box 3106

City & State
Holiday Florida

Zip
34690

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3594326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mike DAQUINO

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

8925 New York Ave.

City

Hudson

FL

Zip Code
34667

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Edmund Nieto 3521 A Hant's Dr.
Holiday, Florida 34691**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V. Dwight D. Reed
12711 Cornell Court
Hudson, Florida 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T/S Mike DAQUINO
13837 Margo Ave
Hudson, Florida 34667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 on an attachment with an address, with all other like empowered.

Edmund Nieto

SIGNATURE

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (727) 243-0442

Date

Daytime Phone #

CR2E034B (12/01)