## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2001 8:00 am Secretary of State DOCUMENT # **P99000073376** ANTONE AFFRONTI, INC. 05-05-2001 91105 005 \*\*\*150.00 Mailing Address Principal Place of Business 831 PALM DR. 831 PALM DR. ORLANDO FL 32803 548846 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3591182 Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AFFRONTI, ANTONE Street Address (P.O. Box Number is Not Acceptable) 831 PALM DR. ORLANDO FL 32803 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete 7171.5 □ Change Addition TITLE AFFRONTI, ANTONE NAME NAME STREET ADDRESS STREET ADDRESS 831 PALM DR. CiTY-ST-7IP CITY-ST-ZIP ORLANDO FL 32803 Change Addition ☐ Delete THEE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS C'TY-ST-ZIP CITY-ST-74P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP C:TY-S1-ZIP Addition Chance. ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZiP CITY-S1-ZIF ☐ Delete TIFLE Change [ Addition TITLE NAME NAME STREET ACCRESS STREET ACCRESS CITY-ST-ZIP 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 eath; 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:

IGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 407-898-7900

Daytime Phone ≠