

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 048 ***158.75

DOCUMENT # P99000078708

1. Entity Name
STEELEY, REID, PASSARO AND COMPANY (SRP)



Principal Place of Business
**7409C CARLTON ARMS DRIVE
NEW PORT RICHEY FL 34653**

Mailing Address
**7409C CARLTON ARMS DRIVE
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1714

P.O. Box 1714

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FL

Zip

33601

Country

Zip

33601

Country

4. FEI Number

36-4313167

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PASSARO, ANGELA R
7409C CARLTON ARMS DRIVE
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

PASSARO, ANGELA R

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

1603 NORTH FLORIDA AVE

HOSPITALITY HOUSE

City

TAMPA

FL

Zip Code

33602

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 **ANGELA R. PASSARO**
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

043003
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 **PCEO** ☐ Delete
NAME **PASSARO, ANGELA R**
STREET ADDRESS **7409 C CARLTON ARMS DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **S** ☐ Delete
NAME **PASSARO, ANGELA R**
STREET ADDRESS **7409 C CARLTON ARMS DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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 **P.O. Box 1714**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1714**
CITY-ST-ZIP **TAMPA, FL 33601**

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

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

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: **ANGELA R. PASSARO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

021503
Date

813.295.0083
Daytime Phone #

CR2E034 (10/02)