

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90237 016 ***150.00

DOCUMENT # P99000085026

1. Entity Name
ROBERT LUCCIOLA, INC.

Principal Place of Business
1208 ECKLES DRIVE
TAMPA FL 33612

Mailing Address
1208 ECKLES DRIVE
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4915 GULFSTREAM PL.
Suite, Apt. #, etc.

3. Mailing Address
PMB #366
23110 S.R. 54
Suite, Apt. #, etc.

City & State
LAND O LAKES, FL.

City & State
LUTZ, FL

4. FEI Number 59-3599669

Applied For
Not Applicable

Zip
34639

Country
USA

Zip
33549

Country
USA

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

SPIEGEL & LITREDA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name ~~Robert Lucciola~~
Street Address (P.O. Box Number is Not Acceptable)
4915 GULFSTREAM PL

City
LAND O LAKES

FL

Zip Code
34639

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 Robert Lucciola

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-29-01

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, 2001 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 PTD
NAME LUCCIOLA, ROBERT
STREET ADDRESS 1208 ECKLES DRIVE
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

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

TITLE SVD
NAME LUCCIOLA, CYNTHIA E
STREET ADDRESS 1208 ECKLES DRIVE
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: Robert Lucciola 1-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-932-3100

CR2E034 (10/00)