

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109369

1. Entity Name
STAGLIANO, INC.FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90245 043 ***150.00

Principal Place of Business
29 CHEYENNE COURT
PALM COAST FL 32137Mailing Address
29 CHEYENNE COURT
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3619328

Applied For
No. Applicable5. Certificate of Status Desired ☐\$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD, NORTH
SUITE B
PALM COAST FL 32137

Name

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

City

Zip Code

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 of person or persons of registered agent and the filer(s)

(NOTE: Registered Agent signature required when transferring)

4-19-01

(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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	D	STAGLIANO, ANTHONY	29 CHEYENNE COURT PALM COAST FL 32137	☐ Change ☐ Addition			
☐ Delete	D	STAGLIANO, MARY	29 CHEYENNE COURT PALM COAST FL 32137	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(f), 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, changed, or on an attachment with an address, with a former, or empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Stagliano 4-19-01 386 445

7030

CR25034 (10/00)