

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 037 ***150.00

DOCUMENT # S22288

1. Entity Name

PONDVIEW STUD SOUTH, INC.

Principal Place of Business

15048 NORRIS BISHOP LOOP ROAD
 BROOKSVILLE FL 34814-0813

Mailing Address

C/O RAY VIRGLIO, CPA
 7215 HIAWATHA PARKWAY
 SPRING HILL FL 34806

80124699



2. Principal Place of Business

HOMOSASSA FL 34446

3. Mailing Address

3 BYRSON IMA COSO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA FL

City & State

4. FEI Number

59-3046505

Applied For

Not Applicable

Zip

Country

Zip

Country

34446

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

Name

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

City

FL

Zip Code

VIRGLIO, RAYMOND CPA
 7215 HIAWATHA PARKWAY
 SPRING HILL FL 34806

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PV	<input type="checkbox"/> Delete
NAME	SANTOPIETRO, RUDOLPH	
STREET ADDRESS	15048 NORRIS BISHOP LOOP	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTOPIETRO, ANN	
STREET ADDRESS	15048 NORRIS BISHOP LOOP	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	CARL MARRAS	
STREET ADDRESS	PO BOX 430 COLUMBUS MS.	
CITY-ST-ZIP	08022	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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 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:

Rudolph Santopietro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)