

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30215

1. Entity Name

HERCULES PROPERTIES, INC.

**FILED**  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90102 042 \*\*\*158.75

Principal Place of Business

P.O. BOX 838, N/A  
OZONA FL 34660  
US

Mailing Address

P.O. BOX 838, N/A  
OZONA FL 34660  
US

2. Principal Place of Business

30 N. RING AVE

Suite, Apt. #, etc.

SUITE 300

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA

3. Mailing Address

30 N RING AVE

Suite, Apt. #, etc.

SUITE 300

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3061446

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, RAY  
2348 SUNSET POINT RD  
CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name

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

City

FL

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, 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, 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

TITLE VP  
NAME CARLESIMO, ANTONIO  
STREET ADDRESS 211 HEDDEN CT  
CITY-ST-ZIP OZONA FL ☐ Delete

TITLE ST  
NAME CERULLO, SALVATORE  
STREET ADDRESS 211 HEDDEN CT  
CITY-ST-ZIP OZONA FL ☐ Delete

TITLE P  
NAME CARLESIMO, ONORIO  
STREET ADDRESS 211 HEDDEN COURT  
CITY-ST-ZIP OZONA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 697, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ONORIO CARLESIMO 4-25-01 727-945-0966  
PRES

Date

Daytime Phone #

CR2E034 (10/00)