

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-27-2002 90005 048 ****61.25

DOCUMENT # 729975
 1. Entity Name
CHATEAU SUZANNE, INC.

Principal Place of Business 3030 BINNACLE DRIVE NAPLES FL 34103	Mailing Address 3030 BINNACLE DRIVE NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1641909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BELCHER, JACK
 3030 BINNACLE DRIVE
 NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name **Jill TRAPASSO**
 Street Address (P.O. Box Number is Not Acceptable) **3030 Binnacle Dr**
 City **Naples FL** Zip Code **34103**

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 *Jack Belcher* *Jill Trapasso* **3-10-02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME SD EMERT, ANDREA STREET ADDRESS 3030 BINNACLE DR., #304 CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME DT TRAPASSO, JILL STREET ADDRESS 3580 1ST AVE SW CITY-ST-ZIP NAPLES FL 34117	<input checked="" type="checkbox"/> Delete
TITLE NAME P BELCHER, JACK STREET ADDRESS 3030 BINNACLE DR. CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME VP KLYCZEK, WALTER STREET ADDRESS 3030 BINNACLE DR. #110 CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME D FRUSCIANTO, REMANDO STREET ADDRESS 3030 BINNACLE DR., #310 CITY-ST-ZIP NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME GASPER CAMBRUZZI STREET ADDRESS 3030 Binnacle Dr #303 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP, DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D FRUSCIANTE, ARMONDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D ←	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: *Jack Belcher* *Jill Trapasso* **3-10-02**
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)