

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90306 003 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1641909** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TRAPASSO, JIM
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)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jill Trapasso* DATE **3/21/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE SD	<input checked="" type="checkbox"/> Delete EMERT, ANDREA	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGIA MARTOCCIA
NAME		NAME	
STREET ADDRESS 3030 BINNACLE DR., #304		STREET ADDRESS 3030 Binnacle Dr. # 106	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP NAPLES, FL. 34103	
TITLE P	<input type="checkbox"/> Delete BELCHER, JACK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 3030 BINNACLE DR.		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE VDT	<input type="checkbox"/> Delete KLYCZEK, WALTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 3030 BINNACLE DR. #110		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete FRUSCIANTE, ARMONDO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 3030 BINNACLE DR., #310		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete CAMBRUZZI, GASPER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS 3030 BINNACLE DR # 303		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34103		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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* **REQUIRED** 3/22/03 239-860-0498

CR2E037 (10/02)