

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90077 018 \*\*\*150.00

**DOCUMENT # L23023**

1. Entity Name  
**SEAHORSE SHOPPING CENTER, INC.**

Principal Place of Business <b>C/O JOHN T. NAPPI          362 PERIWINKLE WAY          SANIBEL S FL 33957</b>	Mailing Address <b>C/O JOHN T. NAPPI          362 PERIWINKLE WAY          SANIBEL S FL 33957-7436</b>
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2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**NAPPI, JOHN T  
 C/O SEAHORSE SHOPPING CENTER INC.  
 362 PERIWINKLE WAY  
 SANIBEL FL 33957**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0142355** Applied For  Not Applicable

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

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>NAPPI, JOHN T</b> <b>16224 EDMONT DR</b> <b>FT MYERS FL 33908</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DIRECTOR AND SECRETARY</b> <b>16224 EDMONT DR</b> <b>FT MYERS FL 33908</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NAPPI, THOMAS</b> <b>16224 EDMONT DR</b> <b>FT MYERS FL 33908</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOANNE NAPPI</b> <b>16224 EDMONT DR</b> <b>FT MYERS FL 33908</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:** *John T. Nappi* **JOHN T. NAPPI** **4-17-00** **941 4721252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)