

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90010 002 \*\*\*150.00

**DOCUMENT # L59714**

1. Entity Name  
**JOHN FRAIOLI, INC.**

Principal Place of Business      Mailing Address  
**5410 HARBORAGE DR.**      **5410 HARBORAGE DR.**  
**FT. MYERS FL 33912**      **FT. MYERS FL 33912**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3006626**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRAIOLI, JOHN**  
**5410 HARBORAGE DR.**  
**FT. MYERS FL 33912**

*NOTE NEW ADDRESS:*

*JOHN FRAIOLI*  
*17321 CASTLE RD.*  
*FT. MYERS, FL*  
*33912*

**of New Registered Agent**

(acceptable)

**FL**      Zip Code

State of Florida.

DATE

Campaign Financing Contribution.  **\$5.00 May Be Added to Fees**

8. The above named entity submits this statement for

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAIOLI, JOHN</b>	NAME	
STREET ADDRESS	<b>5410 HARBORAGE DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAIOLI, GENEVIEVE</b>	NAME	
STREET ADDRESS	<b>12702 INVERARY CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAIOLI, JOSEPH</b>	NAME	
STREET ADDRESS	<b>12702 INVERARY CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	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	
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	
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	

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/01**  
Date

**941-275-7766**  
Daytime Phone #

CR2E034 (10/00)