

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90149 048 \*\*\*150.00

**DOCUMENT # L59714**

1. Entity Name

**JOHN FRAIOLI, INC.**

Principal Place of Business

**5410 HARBORAGE DR.  
 FT. MYERS FL 33912**

Mailing Address

**5410 HARBORAGE DR.  
 FT. MYERS FL 33912**

2. Principal Place of Business

**5651 Harborage Dr**

Suite, Apt. #, etc.

3. Mailing Address

**5651 Harborage Dr**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FT. MYERS, FL.**

City & State

**FT. MYERS, FL.**

4. FEI Number

**59-3006626**

Applied For

Not Applicable

Zip

**33908**

Country

**Lee**

Zip

**33908**

Country

**Lee**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Fraioli, John**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5651 Harborage Drive**  
 City **Fort Myers** **FL** Zip Code **33908**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>	<input type="checkbox"/> Delete	<b>FRAIOLI, JOHN</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>17321 CASTILE RD</b>		<b>FORT MYERS FL 33912</b>		
	<b>ST</b>	<input type="checkbox"/> Delete	<b>FRAIOLI, GENEVIEVE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>12702 INVERARY CIRCLE</b>		<b>FORT MYERS FL 33912</b>		
	<b>V</b>	<input type="checkbox"/> Delete	<b>FRAIOLI, JOSEPH</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>12702 INVERARY CIRCLE</b>		<b>FORT MYERS FL 33912</b>		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)