

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90061 050 ***550.00

DOCUMENT # L92555

1. Entity Name

CICCARELLI HOLDING COMPANY

Principal Place of Business

2166 N. U.S. 1
 P. O. BOX 698
 FT. PIERCE FL 34954
 US

Mailing Address

2166 N. US 1
 P.O. BOX 698
 FT. PIERCE FL 34954
 US

2. Principal Place of Business

1150 BELL AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 698

Suite, Apt. #, etc.

City & State

FT. PIERCE FL

City & State

FT. PIERCE FL

4. FEI Number

65-0212745

Applied For

Not Applicable

Zip

Country

34982

Zip

Country

34954

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C
CICCARELLI, MARK
2166 N. US #1
FT. PIERCE FL 34954

CORP.

Name

Ciccarella, MARK

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Delete
 NAME **DP KNOWLES, THOMAS R**
 STREET ADDRESS **5005 INDIAN BEND LN.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CICCARELLI, MARK**
 STREET ADDRESS **PO BOX 698**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE Change Addition
 NAME **DP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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:

SIGNATURE **REO MARK CICCARELLI**
 SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)