

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90023 010 ***158.75

DOCUMENT # P93000021038

1. Entity Name

RICHARD DELL'OLIO, INC.

Principal Place of Business

Mailing Address

9776 SAN JOSE BOULEVARD
 SUITE 5
 JACKSONVILLE FL 32257
 US

12469 BLUEBERRY CIRCLE WEST
 JACKSONVILLE FL 32258-4177

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

9776 SAN JOSE BLVD

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

#5

City & State

City & State
Jacksonville FL

4. FEI Number

59-3170904

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELL'OLIO, RICHARD
12469 BLUEBERRY CIRCLE WEST
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name

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

Richard Dell'Olivo

2-1-00

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, 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

TITLE Delete

P
DELL'OLIO, RICHARD
12469 BLUEBERRY CIRCLE WEST
JACKSONVILLE FL

TITLE Delete

VP
DELL'OLIO, SYLVIA
12469 BLUEBERRY CIRCLE WEST
JACKSONVILLE FL

TITLE Delete

TITLE Delete

TITLE Delete

TITLE Delete

TITLE Delete

TITLE Delete

TITLE Delete

TITLE Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

TITLE Change Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

904-262-2953

Daytime Phone #

CR2E034 (9/99)