

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90370 019 ***158.75

DOCUMENT # P93000041518

1. Entity Name
DESIGN BUILD 2000 INC.

Principal Place of Business

12220 45 TOWNE LAKE DR.
FT MYERS FL 33913
US

Mailing Address

12220 45 TOWNE LAKE DR.
FT MYERS FL 33913
US

80075983



2. Principal Place of Business

11900 FAIRWAY LAKES DR
 Suite, Apt. #, etc.

3. Mailing Address

11900 FAIRWAY LAKES DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FLORIDA

City & State

FT. MYERS, FLORIDA

4. FEI Number

65-0420096

Applied For

Not Applicable

Zip

33913

Country

US

Zip

33913

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIRCELLI, SAM

12220 TOWNE LAKE DR STE 45
FT. MYERS FL 33913

7. Name and Address of New Registered Agent

Name

SAM CIRCELLI

Street Address (P.O. Box Number is Not Acceptable)

11900 FAIRWAY LAKES DR.

City

Ft. Myers

FL

Zip Code

33913

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] **SAM CIRCELLI PRES**

4/12/02

Signature, type 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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVT	☐ Delete
NAME	CIRCELLI, SONIA	
STREET ADDRESS	12220 45 TOWNE LAKE DR.	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	DP	☐ Delete
NAME	CIRCELLI, SALVATORE	
STREET ADDRESS	12220 45 TOWNE LAKE DR.	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	11900 FAIRWAY LAKES DR.	
CITY-ST-ZIP	Ft. MYERS, FL. 33913	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	11900 FAIRWAY LAKES DR.	
CITY-ST-ZIP	Ft. MYERS, FL. 33913	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] **SAM CIRCELLI PRES** **4/12/02** **941-561-2670**

SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)