2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State
02-10-2000 90022 020 ***150.00

DOCUMENT # P94000039310

1. Entity Name

RICHARD D. CIMINO, P.A.

Principal Place of Business	Mailing Address
4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES FL 34103 US	4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES FL 34103-8733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3838 Tamiami TR.N	3838 Tamiami TR.N.
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc. Suite 410
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34103 Country USA	Zip 34103 Country USA

4. FEI Number 65-0496386 ☐ Applied For ☐ Not Applicable

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
CIMINO, RICHARD D 4001 TAMIAMI TRAIL NORTH SUITE 250 NAPLES FL 33940	Name Cimino, Richard D. Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Trail North Suite 410 City NAPLES FL Zip Code 34103

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 D. Cimino, Richard D Cimino, PRESIDENT 2/4/2000
(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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CIMINO, RICHARD D 7064 MILL RUN CIRCLE NAPLES FL 33942	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: Richard D. Cimino 2/4/2000 941-262-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #