2002 UNIFORM BUSINESS REPORT (UBR)

| 528 CAPISTRAN | | DOCUMENT # P9600013150 1. Entity Name CAPASSO ENTERPRISES, INC. | | | | | Secretary of State 02-24-2002 90057 028 ***158.75 | | | |
|---|---|---|------------------------|--|---|--|---|------------------------------|--|--|
| Principal Place of Business 528 CAPISTRANO RD NOKOMIS FL 34275 US | | Mailing Address P O BOX 1643 NOKOMIS FL 34274-1643 US | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \dashv | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | 4. 1 | FEI Number 65-0642062 | | oplied For | | |
| Zip Country | | Zip Country | | 5. (| 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current R | egistered Agent | [| | 7. 1 | Name and Address of New Registere | d Agent | | | |
| | | | | Name | | | | | | |
| HOGARTH, RONALD 312 EAST VENICE AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 120 VENICE FL | 34292 | City | | | F | ■ Zip Code | e | | | |
| | amed entity submits this statement for t | | | | | | <u> </u> | | | |
| • | ation is eligible to satisfy its Intangible quirement and elects to do so. on back) | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | | 10. Election Campaign Financing Trust Fund Contribution. | | 0 May Be I to Fees | | |
| 11. | OFFICERS AND D | IRECTORS | 12. | | AD | DDITIONS/CHANGES TO OFFICERS AF | ND DIRECTORS | | | |
| NAME STREET ADDRESS | P CAPASSO, DAVID 528 CAPISTRANO RD NOKOMIS FL 34275 | □ Delete | | T ADDRESS ST-ZIP | | | ☐ Change | ☐ Addition | | |
| NAME STREET ADDRESS | S CAPASSO, KARIN L 528 CAPISTRANO RD NOKOMIS FL 34275 | ☐ Delete | | l | | | Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | Delete | | T ADDŘÉŠS ST-ZIP | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | | Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE | T ADDRESS | | | ☐ Change | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE | | | | ☐ Change | Addition | | |