

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90073 028 ***150.00

DOCUMENT # P98000047842
1. Entity Name
 STEVEN ANTONACCI, P.A. ✓

Principal Place of Business **Mailing Address**
 121 GULFVIEW AVENUE 121 GULFVIEW AVENUE
 FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country


4. FEI Number 65-0837485 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

C0031773

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HEIST, ANTHONY H.
 1661 ESTERO BLVD., SUITE 20
 FORT MYERS BEACH, FL 33932

7. Name and Address of New Registered Agent
 Name: WANDERON, THOMAS
 Street Address (P.O. Box Number is Not Acceptable):
 9915 TAMIAMI TRAIL NORTH, SUITE 2
 City: NAPLES FL Zip Code: 34108

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:  THOMAS WANDERON, E.A. 02/20/2001
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, 2001 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**

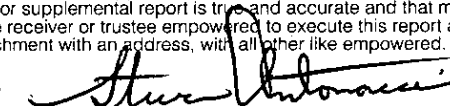
11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONACCI, STEVEN	
STREET ADDRESS	121 GULFVIEW AVENUE	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  STEVEN ANTONACCI x 2/24/01 (941) 495-5110
Signature and typed or printed name of signing officer or director Date (Area) Phone #

CR2E034 (11/00)