

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 050 ***150.00

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

000014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 121 GULFVIEW AVENUE Suite, Apt. #, etc.		3. Mailing Address 121 GULFVIEW AVENUE Suite, Apt. #, etc.	
City & State FORT MYERS BEACH, FL		City & State FORT MYERS BEACH, FL	
Zip 33931	Country	Zip 33931	Country

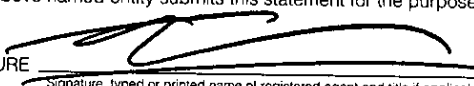
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name	WANDERON, THOMAS	
Street Address (P.O. Box Number is Not Acceptable)	868 106TH AVENUE N.	
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.

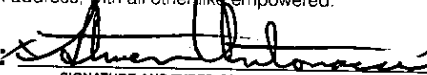
SIGNATURE  **THOMAS WANDERON** DATE **04/23/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONACCI, STEVEN 121 GULFVIEW AVENUE FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVEN ANTONACCI** X **4/24/02** **239-947-2988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)