

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002429

1. Entity Name  
Settipani Enterprises, Inc.

Principal Place of Business  
2199 SE Erwin Road  
Port St Lucie, FL  
34952-5538

Mailing Address  
2199 SE Erwin Road  
Port St. Lucie, FL  
34952-5538

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

65-0885419

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00059435

## 6. Name and Address of Current Registered Agent

Settipani, Steven  
2199 SE Erwin Road  
Port St. Lucie, FL 34952-5538

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 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 ☐ \$5.00  
Trust Fund Contribution. May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE Pres.  
NAME Steven Settipani  
STREET ADDRESS 3171 Holoday Springs Road  
CITY - ST - ZIP Margate, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2199 SE Erwin Road  
CITY - ST - ZIP Port St. Lucie, FL 34952-5538

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Settipani, President

5/23/2000

(561) 334-0400

Date

Daytime Phone #

CR2E034 (9/99)