

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90158 016 ***158.75

DOCUMENT # P94000040632

1. Entity Name
DESANTI & ASSOCIATES, INC.



Principal Place of Business
9055 IBIS BLVD.
WEST PALM BEACH FL 33412
US

Mailing Address
5237 SE INKWOOD WAY
HOBE SOUND FL 33455
US

2. Principal Place of Business

3. Mailing Address

1915 SW Wabeek Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

4. FEI Number 65-0492705

Applied For
Not Applicable

Zip Country

34990 USA

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

DESANTI, CHARLES W
5237 SE INKWOOD WAY
HOBE SOUND FL 33455

Name Charles W. Desanti
Street Address (P.O. Box Number is Not Acceptable)
1915 SW Wabeek Pl.
Palm City FL 34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles W. Desanti
Signature, typed or printed name of registered agent and title if applicable

1/17/03
DATE

(NOTE: Registered Agent signature required with reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ **Delete**
NAME TRELL-DESANTI, LISA
STREET ADDRESS 5237 SE INKWOOD WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 1915 SW Wabeek Pl.
CITY-ST-ZIP Palm City, FL 34990

TITLE P ☐ **Delete**
NAME DESANTI, CHARLES W
STREET ADDRESS 5237 SE INKWOOD WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS 1915 SW Wabeek Pl.
CITY-ST-ZIP Palm City, FL 34990

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles W. Desanti**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 772-291-8467
Date Daytime Phone #

CR2E034 (10/02)