

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90235 008 \*\*\*150.00

**DOCUMENT # 289077**

1. Entity Name

**NTGARGIULO, INC.**

Principal Place of Business

Mailing Address

649 5TH AVENUE SOUTH  
 SUITE 221  
 NAPLES FL 34102  
 US

649 5 AVE S  
 221  
 NAPLES FLA 34102-6601  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1088148**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GARGIULO, JEFFREY D.**  
**1442 GALLEON DR**  
**NAPLES FL 34102**

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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCACCI, JOSEPH</b>	NAME	
STREET ADDRESS	<b>3655 SO. LAWRENCE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARGIULO, JOHN R</b>	NAME	
STREET ADDRESS	<b>649 5TH AVE, S., #221</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DC GARGIULO, DEWEY R</b>	NAME	
STREET ADDRESS	<b>649 5 AVE S, 221</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V POKLEMB, STEPHEN A</b>	NAME	
STREET ADDRESS	<b>15000 OLD 41 NO</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROCACCI, J M</b>	NAME	
STREET ADDRESS	<b>1042 PUTNAM BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WALLINGFORD PA</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FISHBEINM, BENJAMIN</b>	NAME	
STREET ADDRESS	<b>ELKINS PK SQ STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ELKINS PK PA</b>	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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 21 024 (1/99)