

FILED

Jun 04, 2002 8:00 am
Secretary of State

05-14-2002 90572 001 ***300.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 476383 ✓
1. Entity NamePETE QUARTUCCIO REAL ESTATE, INC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2806 TAMiami TR

3. Mailing Address

2806 TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

91276

City & State

Port CHARLOTTE FL

City & State

Port CHARLOTTE FL

4. FEI Number

59-1658605

Applied For

Not Applicable

Zip

33952

Country

Charlotte

Zip

33952

Country

Charlotte5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter R. Quartuccio

Street Address (P.O. Box Number is Not Acceptable)

2806 TAMiami TR

City

Port CHARLOTTE

FL

Zip Code

33952**DO NOT WRITE
IN THIS SPACE**

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

Peter R. Quartuccio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-31-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>QUARTUCCIO Peter R</u> <u>2806 TAMiami TR</u> <u>Port CHARLOTTE FL 33952</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>QUARTUCCIO Ruth M</u> <u>2806 TAMiami TR</u> <u>Port CHARLOTTE FL 33952</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Peter R. Quartuccio - Peter R. Quartuccio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

Daytime Phone #

941 627 5833

CR2E034B (12/01)