

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611378

1. Entity Name
V.A. PRAETE - ACCOUNTANT, P.A. PROFESSIONAL TAX

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90363 049 ***150.00

Principal Place of Business
375 TAMiami TR N STE ~~410~~ 302
P.O. BOX 7938
NAPLES FL 33941-4938

Mailing Address
2375 TAMiami TR N STE ~~410~~ 302
P.O. BOX 7938
NAPLES FL 33941-4938
The T1
V.A. PRAETE
2375 Tamiami Trail N - Suite 302
P.O. Box 7938
Naples FL

34101-7938

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc. 302	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1892437	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PRAETE, V. A.
2375 TAMiami TRAIL N STE ~~410~~ 302
STE 302
NAPLES FL 33941-4439

7. Name and Address of New Registered Agent

Name

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

City 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAETE, V. A. 2375 TAMiami TRAIL N STE 302 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: V.A. PRAETE Prae. **APR 18 2001** 941-659-0000

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

CR2E034 (10/00)