2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an a

SIGNATURE:

FILED Jan 16, 2001 8:00 am **DOCUMENT # 635881 Secretary of State** 1. Entity Name M. DANIEL SASSO, P.A. 01-16-2001 90040 026 ***150 00 Mailing Address Principal Place of Business 4223 DEL PRADO BLVD 4223 DEL PRADO BLVD CAPE CORAL FL 33904 CAPE CORAL FL 33904 RUVURULU US Cire Guindred Fally 2013 R. M. Conferment of another polarization between a resident 3. Mailing Address . 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1932120 City & State Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SASSO, M DANIEL Street Address (P.O. Box Number is Not Acceptable) 4223 DEL PRADO BLVD CAPE CORAL FL 33904 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition DP ☐ Delete TITLE TITLE SASSO, M DANIEL NAME NAME STREET ADDRESS 4223 DEL PRADO BLVD STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hale and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental eport is true and acc of the corporation or the receiver or trustee empowered to extend