

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State

0099226
 AV

DOCUMENT # F01000004521

1. Entity Name
DAVID FARSACI, INC.

08-25-2002 90199 008 ***550.00

Principal Place of Business
4451 GULF SHORE BLVD. N #2004
NAPLES FL 34103

Mailing Address
4451 GULF SHORE BLVD. N #2004
NAPLES FL 34103



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1358294 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

FARSACI, DAVID A
4451 GULF SHORE BLVD N.
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARSACI, DAVID A 4451 GULF SHORE BLVD N., #2004 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARSACI, DAVID M 3408 WEST SLOPE CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, GARY A 3232 OAK LAKE BLVD CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REVEZ, KEVEN 3232 OAK LAKE BLVD. CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FARSACI, KATHLEEN J 4451 GULF SHORE BLVD N., #2004 NAPLES FL	<input type="checkbox"/> Delete
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
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"/> 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: DAVID FARSACI **NEEDS SIGNED** **8/26/02** **(704)357-9855**

CR2E034 (4/02)