

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90044 037 ***150.00

0500381 AV

DOCUMENT # F40953

1. Entity Name

LUCARELLI PLASTERING, INC.

Principal Place of Business

**2154 CORPORATION BLVD
 NAPLES FL 33942**

Mailing Address

**5857 SHIRLEY ST
 NAPLES FL 3410A
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5640 TAYLOR Rd.

NAPLES, FL

34109

COLLIER

4. FEI Number

59-2110337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LUCARELLI, ANGELO
 2154 CORPORATION BLVD.
 NAPLES FL 33942**

7. Name and Address of New Registered Agent

Name

ANGELO LUCARELLI

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

5640 TAYLOR Rd.

City

NAPLES

FL

Zip Code

34109

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

Giacomo Lucarelli

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

(NOTE: Registered Agent signature required when reinstating)

2/1/02

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, 2002 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

TITLE **PSD**
 NAME **LUCARELLI, ANGELO**
 STREET ADDRESS **400 EUCLID AVE**
 CITY-ST-ZIP **NAPLES, FL 00000**

☐ Delete

TITLE **VTD**
 NAME **LUCARELLI, GIACOMO**
 STREET ADDRESS **2207 NOBLE COURT**
 CITY-ST-ZIP **NAPLES, FL 00000**

☐ Delete

TITLE **S**
 NAME **LUCARELLI, CESARE**
 STREET ADDRESS **614 CORBEL DRIVE**
 CITY-ST-ZIP **NAPLES FL 34110**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Giacomo Lucarelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02
 Date

**(941)
 597-1991**
 Daytime Phone #

CR2E034 (9/01)