

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004829

1. Entity Name

WASSERMAN FORT MYERS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 005 ***150.00

Principal Place of Business

Mailing Address

174 WICKENDEN ST.
PROVIDENCE RI 02903

174 WICKENDEN ST.
PROVIDENCE RI 02903-4329

2. Principal Place of Business

ONE PARK ROW

3. Mailing Address

PO BOX 6187

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PROVIDENCE RI

City & State

PROVIDENCE RI

4. FEI Number

06-1489711

Applied For

Not Applicable

Zip

Country

02903

Zip

Country

02940

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DPST
STREET ADDRESS WASSERMAN, BERNARD
CITY-ST-ZIP 174 WICKENDEN ST.
PROVIDENCE RI 02903

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME DV
STREET ADDRESS WASSERMAN, DAVID D
CITY-ST-ZIP 174 WICKENDEN ST.
PROVIDENCE RI 02903

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D
STREET ADDRESS WASSERMAN, RICHARD N
CITY-ST-ZIP 174 WICKENDEN ST.
PROVIDENCE RI 02903

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D
STREET ADDRESS ANTONUCCIO, CHARLES P
CITY-ST-ZIP 125 CINDY ANN DR.
E. GREENWICH RI 02818

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRE BERNARD WASSERMAN

Date

Daytime Phone #

CR2E034 (9/99)