

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90141 023 \*\*\*550.00

**DOCUMENT # F98000005080**

1. Entity Name  
**CAMPIELLO, INC.**

Principal Place of Business  
 1177 SOUTH THIRD STREET  
 NAPLES FL 34102

Mailing Address  
 1177 SOUTH THIRD STREET  
 NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1804705**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**CACIAGRANI, RICHARD**  
**1177 THIRD ST SOUTH**  
**NAPLES FL 34102**

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 \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>D'AMICO, RICHARD</b>	
STREET ADDRESS	<b>2035 KENWOOD PARKWAY</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55405</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>D'AMICO, LARRY</b>	
STREET ADDRESS	<b>6484 WESTCHESTER CIRCLE</b>	
CITY-ST-ZIP	<b>GOLDEN VALLEY MN 55427</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, PAUL</b>	
STREET ADDRESS	<b>401 SOUTH FIRST STREET</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** Date: **7-11-02** Daytime Phone #

CR2E034 (4/02)