

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90009 030 \*\*\*158.75

**DOCUMENT # G43590**

1. Entity Name

**AUBREY J. FERRAO, P.A.**

Principal Place of Business

Mailing Address

**C/O MARK WOODWARD  
 801 LAUREL OAK DR. STE 710  
 NAPLES FL 34108  
 US**

**C/O MARK WOODWARD  
 801 LAUREL OAK DR STE 710  
 NAPLES FL 34108  
 US**

2. Principal Place of Business

**3200 Tamiami Trail N.**

Suite, Apt. #, etc.  
**Suite 200**

City & State

**Naples, FL**

Zip  
**34103**

Country

3. Mailing Address

**3200 Tamiami Trail N.**

Suite, Apt. #, etc.  
**Suite 200**

City & State

**Naples, FL**

Zip  
**34103**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2298380**

Applied For

☐ Not Applicable

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

**WOODWARD, MARK J.  
 WOODWARD, PIRES & ANDERSON, P.A.  
 801 LAUREL OAK DR STE 710  
 NAPLES FL 34108**

Name

**c/o Woodward, Pires & Lombardo, P.A.**

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

**3200 Tamiami Trail N., Suite 200**

City

**Naples**

**FL**

Zip Code

**34103**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FERRAO, AUBREY J. 4001 TAMiami TRAIL N., STE.350 NAPLES FL</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3470 Club Center Blvd. Naples, FL 34114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 to this address, with the same authority.

**SIGNATURE: Aubrey J Ferrao**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/01**

Date

**941 732 9400**

Daytime Phone #

CR2E034 (10/00)