

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90075 045 \*\*\*150.00

**DOCUMENT # J42189**

**1. Entity Name**  
**MINOTTI'S FIBERGLASS PRODUCTS INC.**



**Principal Place of Business**  
1981 J & C BLVD  
NAPLES FL 33942

**Mailing Address**  
1981 J & C BLVD  
NAPLES FL 34109  
US

**11007755**



**2. Principal Place of Business**

3881 27th Ave. SW  
Suite, Apt. #, etc.

**3. Mailing Address**

3881 27th Ave. SW  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

NAPLES FL

**City & State**

NAPLES FL

**4. FEI Number** 59-2757068

**Applied For**

☐ Not Applicable

**Zip**

34117

**Country**

US

**Zip**

34117

**Country**

US

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MINOTTI, ANTHONY M.  
3881 27TH AVE. SW  
NAPLES FL 34117

**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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** MINOTTI, ANTHONY M.  
**STREET ADDRESS** 3881 27TH AVE. SW  
**CITY-ST-ZIP** NAPLES FL

**TITLE** SD ☐ Delete  
**NAME** MINOTTI, SHARON  
**STREET ADDRESS** 3881 27TH AVE. SW  
**CITY-ST-ZIP** NAPLES FL

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SHARON MINOTTI

**Date**

4-21-03

**Daytime Phone #**

2393539694

CR2E034 (10/02)