

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94034

1. Entity Name

FRANK D'ALESSANDRO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90034 023 ***150.00

Principal Place of Business	Mailing Address
4516 LONGBOAT LN FORT MYERS FL 33919 US	4516 LONGBOAT LN FORT MYERS FL 33919-4641 US

2. Principal Place of Business	3. Mailing Address
8801 College Parkway Suite, Apt. #, etc. Suite 1 City & State Fort Myers, FL Zip 33919	8801 College Parkway Suite, Apt. #, etc. Suite 1 City & State Fort Myers, FL Zip 33919
Country Lee	Country Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0129669	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ALESSANDRO, FRANK R.
4516 LONGBOAT LN
FT MYERS FL 33919

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 Frank R. D'Alessandro

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

2/18/2000

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																																																																																																												
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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

DATE

(941) 437-5587

DAYTIME PHONE #

CR2E034 (9/99)