2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L72953 **DOCUMENT #**



FILED Feb 27, 2003 8:00 am Secretary of State

DEBHA M	CORBO INC.)	10000
Principal Place 5085 SEASHEL NAPLES FL 34	LL AVE	Mailing Address 5085 SEASHELL AVE NAPLES FL 34103			
US		US			
3155	66 Business	3. Mailing Address	TREET SH		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF M	!
Gity & State	ES. FLORIDA	NAPLES EL	ORIDA	4. FEI Number 59-3016693	Applied For Not Applicable
3410	5 Country US	34105	Country (5. Certificate of Status Desired	\$8.75 Additional Fee Required
2.211	6. Name and Address of Current I	Registered Agent	ur em = mi A d d d d i i i i i i	7. Name and Address of New Regis	tered Agent
COPPO	CDDA M	•	Name 13	ETTE KNAPP	
CORBO, DEBRA M.		Street Address ((P.O. Box Number is Not Acceptable)	
5085 SEASHELL AVE NAPLES FL 34103			7155	S WON DIRECT C	
INAPLES F	£ 34103			4704 =	
City NAPLE					FL 3465
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.					
1 -	ions or registeres agents	r ₂			1 . 1
SIGNATURE .	BETTE KNAPP	's ANOTE I	Poriotored Agent signature require	ad when rejectation)	124/03
SIGNATURE .	BETTE KJAPP Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signature require	ad when reinstating)	124/0.3 DATE
SIGNATURE .	BETTE KJAPP Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00	nd title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating) • • • • • • • • • • • • •	
SIGNATURE .	BETTE KJAPP Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		Registered Agent signature require	<u></u>	ing \$5.00 May Be Added to Fees
SIGNATURE . FI After Make Check	BETTE KJAPP Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 x Payable to Florida Department of	State		9. Election Campaign Financi Trust Fund Contribution.	Added to Fees
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SIGNATURE - FI After Make Check 10. TITLE NAME	BETTE KJAPP Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 IMAY 1, 2003 Fee will be \$550.00 IMAY 1, PAYABLE TO PRINT OFFICERS AND INTERPOLATION OFFIC	State DIRECTORS	11. TITLE P/L NAME STREET ADDRESS 5.4	9. Election Campaign Financi Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICEF 230 DEBLA M 33 A PORT PULLING	Added to Fees RS AND DIRECTORS IN 11 Change Addition RD. N. #128 99-2004
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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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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Addition

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