

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-27-2003 90146 036 ***150.00

DOCUMENT # L72953

1. Entity Name
DEBRA M. CORBO INC.



Principal Place of Business
5085 SEASHELL AVE
NAPLES FL 34103
US

Mailing Address
5085 SEASHELL AVE
NAPLES FL 34103
US



2. Principal Place of Business
3155 66th STREET SW
Suite, Apt. #, etc.

3. Mailing Address
3155 66th STREET SW
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

4. FEI Number **59-3016693**

Applied For
Not Applicable

Zip **34105** **Country** **US**

Zip **34105** **Country** **US**

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

CORBO, DEBRA M.
5085 SEASHELL AVE
NAPLES FL 34103

Name **BETTE KNAPP**

Street Address (P.O. Box Number is Not Acceptable)
3155 66th STREET SW

City **NAPLES** **FL** **Zip Code** **34105**

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 **BETTE KNAPP**

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

(NOTE: Registered Agent signature required when reinstating)

2/24/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **CORBO, DEBRA M**
STREET ADDRESS **5085 SEASHELL AVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **P/D** ☒ **Change** ☐ **Addition**
NAME **CORBO, DEBRA M**
STREET ADDRESS **5433 AIRPORT PULLING RD. N. #128**
CITY-ST-ZIP **NAPLES, FLORIDA 34109-2004**

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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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: **DEBRA M. CORBO** **2/24/03** **(391) 287-2507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)