

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90061 050 \*\*\*550.00

**DOCUMENT # L92555**

1. Entity Name

**CICCARELLI HOLDING COMPANY**

Principal Place of Business

2166 N. U.S. 1  
P. O. BOX 698  
FT. PIERCE FL 34954  
US

Mailing Address

2166 N. US 1  
P.O. BOX 698  
FT. PIERCE FL 34954  
US

2. Principal Place of Business

**1150 BELL AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 698**  
Suite, Apt. #, etc.

City & State

**FT. PIERCE FL**

City & State

**FT. PIERCE FL**

Zip

Country

**34982**

Zip

Country

**34954**

4. FEI Number

**65-0212745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C**  
**CICCARELLI, MARK**  
**2166 N. US #1**  
**FT. PIERCE FL 34954**

**CORP.**

7. Name and Address of New Registered Agent

Name

**CICCARELLI, MARK**  
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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNOWLES, THOMAS R 5005 INDIAN BEND LN. FT. PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICCARELLI, MARK PO BOX 698 FT. PIERCE FL	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<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

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:

**SIGNATURE**

**REC'D MARK CICCARELLI**

Date

Daytime Phone #

CR2E034 (5/00)