

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005648

1. Entity Name

CONSUMER FRAUD AWARENESS, INC.

Principal Place of Business

Mailing Address

2710 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

2710 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

2. Principal Place of Business

2050 Collier Avenue

3. Mailing Address

2050 Collier Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 101

Ste. 101

City & State

City & State

Ft. Myers, FL

Ft. Myers, FL

Zip

Country

33901

Lee

Zip

Country

33901

Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRUCCELLI, D.J.  
7234 DRAKE DRIVE, S.W.  
FORT MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCOFIELD, SANDI  
4227 S.W. 21ST PLACE  
CAPE CORAL FL 33914 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STANLEY, JAMES  
1134 WINGED FOOT CIRCLE WEST  
WINTER SPRINGS FL 32708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
RIZZO, VINCENT D  
2710 SWAMP CABBAGE COURT  
FORT MYERS FL 33901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2050 Collier Ave., Ste. 101  
Ft. Myers, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 617, 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:

*Sandra Schofield*

Sandra Schofield, Exec. Dir.-4/18/01 (941)931-0550

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90107 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR05037 (1/00)