

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90865 044 ***150.00

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DOCUMENT # P00000018587

1. Entity Name
AGOSTINO'S DESIGN GROUP, INC.

Principal Place of Business

3078 N. TAMiami TRAIL
200
NAPLES FL 34103

Mailing Address

3078 N. TAMiami TRAIL
200
NAPLES FL 34103

2. Principal Place of Business

3066 N. Tamiami Trail

Suite, Apt. #, etc.

Suite #201

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3692377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, LARRY
3078 N. TAMiami TRAIL
200
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **PD** ☐ Delete
NAME **SCIACQUA, GUS**
STREET ADDRESS **4000 N GULF SHORE BLVD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VPD** ☐ Delete
NAME **SCIACQUA, PHILIP**
STREET ADDRESS **4000 N GULF SHORE BLVD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **STD** ☐ Delete
NAME **SCIACQUA, DAVID**
STREET ADDRESS **276 BEAUTEAU**
CITY-ST-ZIP **LAKE ZURICH IL 60047**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **John Dremann**
STREET ADDRESS **1074 Briarwood Blvd.**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **Director** ☒ Change ☐ Addition
NAME **Sciacqua, Philip**
STREET ADDRESS **4000 N Gulf Shore Blvd**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **Director** ☒ Change ☐ Addition
NAME **Sciacqua, David**
STREET ADDRESS **276 Beauteau**
CITY-ST-ZIP **Lake Zurich, IL 60047**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Jean Benanti**
STREET ADDRESS **152 Lady Palm Drive**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **Secretary/Treasurer/Director** ☐ Change ☒ Addition
NAME **Kit Mathews**
STREET ADDRESS **1074 Briarwood Blvd.**
CITY-ST-ZIP **Naples, FL 34104**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)