

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90208 004 ***150.00

DOCUMENT # P00000018587



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

Principal Place of Business
**3066 N. TAMIMI TRAIL
STE #201
NAPLES FL 34103**

Mailing Address
**3078 N. TAMIMI TRAIL
200
NAPLES FL 34103**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

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. TAMIMI 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCIACQUA, GUS	
STREET ADDRESS	4000 N GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCIACQUA, PHILIP	
STREET ADDRESS	4000 N GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCIACQUA, DAVID	
STREET ADDRESS	276 BEAUTEAU	
CITY-ST-ZIP	LAKE ZURICH IL 60047	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREMANN, JOHN	
STREET ADDRESS	1074 BRIARWOOD BLVD.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENANTI, JEAN	
STREET ADDRESS	152 LADY PALM DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MATHEWS, KIT	
STREET ADDRESS	1074 BRIARWOOD BLVD.	
CITY-ST-ZIP	NAPLES FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1074 BRIARWOOD BLVD	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **2/11/03** **239-261-8807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (10/02)