## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P00000063032

1. Entity Name

FIORELLA COMMUNICATION CONSULTANTS, INC.



## **FILED** Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90096 034 \*\*\*150.00

2. Principes Place of Businuss  Suite, Apt. 4, etc.  City A State  City	Principal Place of Business 6017 PINE RIDGE RD #241 NAPLES FL 34119		Mailing Address 6017 PINE RIDGE RD #241 NAPLES FL 34119				1 <b>108</b> 41 <b>08</b> 4 ki <b>10</b> 841 <b>Ce</b> ith Bach Bodh 1	<b>1</b> 701 <b>55</b> 07 <b>0 5</b> 70 <b>1</b> 1	) (((()	) ( <b>180</b> 0 ) (190 <b>0</b> ) (1901 ) <b>180</b> 0	
City & Siste  City & Siste  City & Siste  City & Siste  Country  Country  S. Certificate of Sistus Desired  S. None  S. None  Sistent Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named untilly submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I am familiar with, and accept in the country of the companies of registered agent, or born, in the State of Fiorida. I	2. Principal Place of Business		3. Mailing Address			$\neg$					
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Figure 2   Figure 2   Figure 3	Zip	Country	Zip	Count	try	5. 0					
FICH RIDGE RD #241  ***NAPLES RJ 34119**  ***City FL Zip Code**  **City FL Zip Code**  **City FL Zip Code**  **City FL Zip Code**  **SIGNATURE**  **SIGNATUR		6. Name and Address of Current	Registered Agent					Fee	Requi	red	
B. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  After May 1, 2003 Fee will be \$550.00  Make Cheek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY	6017 PIN #241	ie ridge rd			Name Street Address			stered Agen	11		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MAME STREET ADDRESS CITY-S1-2P TITLE OFFICERS AND DIRECTORS IN 11 TITLE MANE STREET ADDRESS CITY-S1-2P TITLE NAME STREET A	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 SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Afte Make Checi	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		Agent signature require		Election Campaign Financia     Trust Fund Contribution.	ng 🔲	Adde	d to Fees	
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AL CITY-ST-	ZIP						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!