

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 048 ***550.00

DOCUMENT # P00000106840

1. Entity Name
TRAPANI INC.



Principal Place of Business
**5150 N TAMiami TRAIL
SUITE #504
NAPLES FL 34103
US**

Mailing Address
**5150 N TAMiami TRAIL
SUITE #504
NAPLES FL 34103
US**



2. Principal Place of Business

5150 N Tamiami Trail

3. Mailing Address

5150 N Tamiami Trail

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

US

Zip

34103

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-5674085**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAPANI, ANTHONY W
5150 NORTH TAMiami TRAILN
NEWGATE TOWER SUITE ~~504~~ 202
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Trapani, Anthony W**
Street Address (P.O. Box Number is Not Acceptable)
5150 N Tamiami Trail Suite 202
City **Naples** **FL** Zip Code **34103**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBP	<input type="checkbox"/> Delete
NAME	TRAPANI, ANTHONY W	
STREET ADDRESS	5150 N TAMiami TRAIL SUITE 504	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COBP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trapani, Anthony W	
STREET ADDRESS	5150 N Tamiami Trail Suite 202	
CITY-ST-ZIP	Naples, FL 34103	
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		
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: Anthony W. Trapani **RECEIVED** **Aug 28, 2003** **917-494-4949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)