


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90115 007 ***150.00

DOCUMENT # **P01000000670**

1. Entity Name
HOW, CACCHIONE & GAINNEY, PA



Principal Place of Business
**600 FIFTH AVE. SOUTH, STE. 212
NAPLES FL 34102**

Mailing Address
**600 FIFTH AVE. SOUTH, STE. 212
NAPLES FL 34102**



2. Principal Place of Business
900 L'Ambiance Circle

3. Mailing Address
900 L'Ambiance Circle

Suite, Apt. #, etc.
201 **# 201**

CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

City & State
Naples FL

Zip
34108 **34108**

Country
USA **USA**

4. FEI Number **65-1060735**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOW, RICHARD J CPA
600 FIFTH AVE. SOUTH, STE. 212
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
Richard J How

Street Address (P.O. Box Number is Not Acceptable)
900 L'Ambiance Circle

Ste 201

City
Naples **FL** Zip Code
34108

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 **1/12/02**

Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOW, RICHARD J CPA 600 FIFTH AVE. SOUTH, STE. 212 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CACCHIONE, FREDERICK R CPA 600 FIFTH AVE. SOUTH, STE. 212 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINNEY, ANNE DE P CPA 600 FIFTH AVE. SOUTH, STE. 212 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE **1/12/03** 239 2628343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)