

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

00363630 AV

04-09-2002 90004 046 ***150.00

DOCUMENT # P01000004173

1. Entity Name
PIIPPONEN REALTY, INC.

Principal Place of Business
4950 GOLDEN GATE PKWY
NAPLES FL 34116

Mailing Address
4950 GOLDEN GATE PKWY
NAPLES FL 34116



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3695482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ
2640 GOLDEN GATE PKWY, STE 115
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

Jeffrey A. Piipponen

Street Address (P.O. Box Number is Not Acceptable)

4950 Golden Gate Pkwy

City

Naples

FL

Zip Code

34116

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

Jeffrey A. Piipponen

Signature of the registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D **PIIPPONEN, JEFFREY** *Jeffrey* ☐ Delete
4950 GOLDEN GATE PKWY
NAPLES FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Jeffrey A. Piipponen

Jeffrey A. Piipponen

3/25/02

239 455 1084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)