

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

DOCUMENT # P01000005712

1. Entity Name
MUSCA LAW OFFICES, P.A.

03-29-2002 91074 001 ***150.00
 03-29-2002 91074 002 *****8.75

Principal Place of Business

**4048 CRAYTON RD
 NAPLES FL 34103**

Mailing Address

**4048 CRAYTON RD
 NAPLES FL 34103**



2. Principal Place of Business

2650 Airport Pulling Rd South

3. Mailing Address

2650 Airport Pulling Rd South

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

Suite H

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34112

Country

U.S.A

Zip

34112

Country

U.S.A

4. FEI Number

593732683

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 NW 16TH ST

FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

John Musca

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

2650 Airport Rd South, Suite H

City

Naples

FL

Zip Code

34112

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

John Musca (John Musca)

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

(NOTE: Registered Agent signature required when reinstating)

2/25/02

DATE

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	D	<input type="checkbox"/> Delete
NAME	MUSCA, JOHN	
STREET ADDRESS	4048 CRAYTON RD	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Musca	
STREET ADDRESS	2650 Airport Rd South, Suite H	
CITY-ST-ZIP	Naples, Florida 34112	
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		

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:

John Musca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

DATE

941-793-8297

Daytime Phone #

CR2E034 (9/01)