

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90361 004 ***150.00

DOCUMENT # P01000008558

1. Entity Name

F & M OF SOUTH FLORIDA, INC.

Principal Place of Business

**4251 N. GULF SHORE BLVD., NORTH
 PENTHOUSE B
 NAPLES FL 34103**

Mailing Address

**4251 N. GULF SHORE BLVD., NORTH
 PENTHOUSE B
 NAPLES FL 34103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

384 MOORING LINE DR.

3. Mailing Address

384 MOORING LINE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-1080013

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34102

Country

COLLIER

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PINT, MICHAEL J.,
 4251 N. GULF SHORE BLVD., NORTH
 PENTHOUSE B
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **MICHAEL J. PINT**

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

384 MOORING LINE DR.

City

NAPLES

FL

Zip Code

34102

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

Michael J. Pint

Michael J. Pint

4-12-02

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **P/S**
 STREET ADDRESS **FRANK FITAPELLI**
 CITY-ST-ZIP **820 94TH AVE. N.
 NAPLES, FL 34108**

TITLE ☐ Change ☒ Addition
 NAME **V/T**
 STREET ADDRESS **MICHAEL J. PINT**
 CITY-ST-ZIP **384 MOORING LINE DR.
 NAPLES, FL 34102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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:

FRANK FITAPELLI, PRESIDENT

4-5-02

(941) 262-5813

Date

Daytime Phone #