

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014538

1. Entity Name
JENNIFER NAPOLITANO SANTORELLY REPORTING, INC.Principal Place of Business
435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH, FL 32114Mailing Address
435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH, FL 32114*Change*2. Principal Place of Business
1846 Turnbull Bay
Suite, Apt. #, etc.3. Mailing Address
1846 Turnbull Lakes Dr
Suite, Apt. #, etc.City & State
New Smyrna, FL
Zip *32168*City & State
New Smyrna, FL
Zip *32168*4. FEI Number
59-3495626
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH, FL 32114*Delete*

7. Name and Address of New Registered Agent

Name *Jennifer Santorelli*Street Address (P.O. Box Number is Not Acceptable)
*1846 Turnbull Bay Lakes Dr*City *New Smyrna, FL* Zip Code *32168*

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 *J. Santorelli*

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jennifer Santorelli 1846 Turnbull Bay New Smyrna, FL 32168</i>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *J. Santorelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)