

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90292 036 ***150.00

DOCUMENT # P01000021063

1. Entity Name
VPI REFERRAL SERVICES, INC.



Principal Place of Business
**100 VINEYARDS BOULEVARD
NAPLES FL 34119**

Mailing Address
**100 VINEYARDS BOULEVARD
NAPLES FL 34119**



2. Principal Place of Business

75 Vineyards Blvd.

Suite, Apt. #, etc.

Third Floor.

City & State

Naples, FL

Zip
34119

Country

USA.

3. Mailing Address

75 Vineyards Blvd.

Suite, Apt. #, etc.

Third Floor.

City & State

Naples, FL

Zip
34119

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3722012**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**PROCACCI, MARIA
100 VINEYARDS BOULEVARD
NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

MARIA Procacci

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

75 Vineyards Blvd.

Third Floor.

City

Naples

FL

Zip Code

34119

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.28.03

**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	D	<input type="checkbox"/> Delete
NAME	PROCACCI, MICHAEL	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROCACCI, JOSEPH	
STREET ADDRESS	98 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	PROCACCI, MARIA	
STREET ADDRESS	100 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROCACCI, MARIA	
STREET ADDRESS	100 VINEYARDS BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.27.03

CR2E034 (10/02)