

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 021 ***150.00

DOCUMENT # **P01000024254**

1. Entity Name

Chris-Simonetti, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4515 Del Prado Blvd Suite 5

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cape Coral, FL

City & State

City & State

33904 USA

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carrie Simonetti

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

1123 SE 1st Terr.

City

Cape Coral

FL

Zip Code

33990

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

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)

☒

January 1 - May 1, Fee is \$550.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME	Chris J. Simonetti
STREET ADDRESS	1123 SE 1st Terr.
CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	V
NAME	Benjamin A. Adkison
STREET ADDRESS	4033 SW 22nd St
CITY-ST-ZIP	Lehigh Acres, FL 33971
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris J. Simonetti 4/19/02 (239) 540-2443

Date

Daytime Phone #