

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90315 001 *****8.75
 05-07-2002 90315 002 ***150.00

DOCUMENT # P01000041937

1. Entity Name
ACITO, INC.

Principal Place of Business
**5215 OLD GALLOWS WAY
 NAPLES FL 34105**

Mailing Address
**5215 OLD GALLOWS WAY
 NAPLES FL 34105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

59-3717035

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**D'AGOSTINO, LOUIS D
 821 5TH AVE. SOUTH, SUITE 201
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**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 **President/Gene Terrico** ☐ Delete
 NAME **InterrCon Global Inc.**
 STREET ADDRESS **4877 Lake Cecile Dr.**
 CITY-ST-ZIP **Mississimmee, FL 34746**

TITLE **Secretary/Sony Buoncervello** ☐ Delete
 NAME **The Angela Maria Buoncervello**
 STREET ADDRESS **Family Trust**
 CITY-ST-ZIP **P.O. Box 470127**

TITLE **Celebration, FL** ☐ Delete
 NAME **34747**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
 NAME **Frank D'Agostino**
 STREET ADDRESS **5215 Old Gallows Way**
 CITY-ST-ZIP **Naples - FL 34105**

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

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 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: **Frank D'Agostino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **941-403-4020**
 Date Daytime Phone #

CR2E034 (9/01)