

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90281 004 ***150.00

DOCUMENT # P01000056215

1. Entity Name
CAPPELLO ASSOCIATES, INCORPORATED



Principal Place of Business
**301 HANGING MOSS CIRCLE
LAKE MARY FL 32746**

Mailing Address
**301 HANGING MOSS CIRCLE
LAKE MARY FL 32746**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3728946**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CAPPELLO, BONNIE A**
STREET ADDRESS **301 HANGING MOSS CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **VSTD** ☐ Delete
NAME **CAPPELLO, BONNIE A**
STREET ADDRESS **301 HANGING MOSS CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bonnie A. Cappello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03 407-829-3970
Date Daytime Phone #

CR2E034 (4/03)

Attachment

10110897
#PD1000056215

CAPPELLO ASSOCIATES, INC.
301 HANGING MOSS CIRCLE
LAKE MARY FL, 32746
(407) 829-7970

August 7, 2003

Florida Dept of State
Division of Corporations

To whom it may concern,

Please find enclosed our signed Uniform Business Report for Cappello Associates, along with a check for \$150.

We are requesting that the \$400 late fee be waived. We did not previously receive the UBR to be completed nor did we receive any notification that it was due. The enclosed UBR was the first notification we received indicating that this report was due, and we promptly returned it with payment once it was received.

Thanking you in advance for your consideration in waiving the late fee.

Sincerely

Bonnie

Bonnie Cappello
