

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90076 016 ***150.00

DOCUMENT # P01000056958

1. Entity Name
AUBERGINE INC.

Principal Place of Business **Mailing Address**

1765 COURT YARD WAY APT C203 1765 COURT YARD WAY APT C203
 NAPLES FL 34112 NAPLES FL 34112

2. Principal Place of Business **3. Mailing Address**

1765 COURT YARD WAY, NAPLES FL SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

C203 C203

City & State **City & State**

NAPLES FLORIDA NAPLES FLORIDA

Zip **Country** **Zip** **Country**

34112 USA 34112 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F
 1765 COURT YARD WAY APT C203
 NAPLES FL 34112

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM F. SULLIVAN 1765 COURT YARD WAY NAPLES, FL 34112 PRESIDENT, DIRECTOR <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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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

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: **SIGNATURE REQUIRED** *William F. Sullivan, PRES* **941-732-6089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)