

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90090 022 ***558.75

DOCUMENT # P01000062817

1. Entity Name.
FRANK D'ALESSANDRO EQUITY FUNDING, INC.

Principal Place of Business **Mailing Address**
 8695 COLLEGE PKWY., STE. 8695 8695 COLLEGE PKWY., STE. 8695
 FT. MYERS FL 33919 FT. MYERS FL 33919

BUI30000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 8695 College Pkwy 8695 College Pkwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 355 355

City & State **City & State**
 Ft. Myers, FL Ft Myers FL
Zip **Country** **Zip** **Country**
 33919 USA 33919 USA

4. FEI Number **Applied For**
 65-1116479 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 D'ALESSANDRO, FRANK
 8695 COLLEGE PKWY., STE. 8695
 FT. MYERS FL 33919

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 8695 College Pkwy., STE 355
 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: DATE: 7-19-02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PST	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, FRANK	
STREET ADDRESS	8695 COLLEGE PKWY., STE. 8695	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUSKAMP, GEORGE C	
STREET ADDRESS	8695 COLLEGE PKWY., STE. 8695	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	STE. 355	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Fitzgerald, Todd P.	
STREET ADDRESS	8695 College Pkwy., STE 355	
CITY-ST-ZIP	FT. MYERS, FL 33919	
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		

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: DATE: 7-19-02 (239) 437-3995

CR2E034 (4/02)