

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90049 028 ***150.00

DOCUMENT # P01000064057

1. Entity Name

FIRST CAPITAL OF NAPLES, INC.

Principal Place of Business

**4328 CORPORATE SQUARE, STE C
 NAPLES FL 34104**

Mailing Address

**4328 CORPORATE SQUARE, STE C
 NAPLES FL 34104**

2. Principal Place of Business

3573 Enterprise Ave. #52

3. Mailing Address

same

Suite, Apt. #, etc.

#52

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34104

Country

Collier

Zip

Country

4. FEI Number

65-1122215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PINTER, MICHAEL R ESQUIRE
 4328 CORPORATE SQUARE, STE C
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name
Edward R. Galli

Street Address (P.O. Box Number is Not Acceptable)
3573 Enterprise Ave.

#52

City **Naples**

FL

Zip Code
34104

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

Edward R. Galli Director

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	D	<input type="checkbox"/> Delete
NAME	GALLI, ED	
STREET ADDRESS	4328 CORPORATE SQUARE, STE C	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSE, PEGGY	
STREET ADDRESS	4328 CORPORATE SQUARE, STE C	
CITY-ST-ZIP	NAPLES FL 34104	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galli, ED	
STREET ADDRESS	3573 Enterprise Ave. #52	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Peggy	
STREET ADDRESS	3573 Enterprise Ave. #52	
CITY-ST-ZIP	Naples FL 34104	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Edward R. Galli
Edward R. Galli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

239-263-3416

4/24/02
 Daytime Phone #