

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90094 018 ***150.00

DOCUMENT # P01000104412

1. Entity Name

PROFESSIONAL SUITES AT THE GALLERIA, INC.

Principal Place of Business

~~9150 GALLERIA COURT~~
~~SUITE 100~~
 NAPLES FL 34109

Mailing Address

~~9150 GALLERIA COURT~~
~~SUITE 100~~
 NAPLES FL 34109

2. Principal Place of Business

9130 Corsea del Fontana
 Suite, Apt. #, etc. **Way**

3. Mailing Address

9130 Corsea del Fontana
 Suite, Apt. #, etc. **Way**



DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3753323

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

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

D'JAMOOS, JOSEPH E
~~9150 GALLERIA COURT~~
~~SUITE 100~~
 NAPLES FL 34109

Name

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

9130 Corsea del Fontana Way

City

Naples

FL

Zip Code
34109

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 of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph E. D'Jamoos

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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **D'JAMOOS, JOSEPH E**
 CITY-ST-ZIP ~~9150 GALLERIA COURT #100~~
~~NAPLES FL 34109~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9130 Corsea del Fontana Way**
 CITY-ST-ZIP **Naples, Florida 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Joseph E. D'Jamoos

Joseph E. D'Jamoos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-596-2733

CR2E034 (9/01)