

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90212 041 \*\*\*150.00

**DOCUMENT # P02000040824**

1. Entity Name  
**CAPELETTI RENOVATIONS INC.**



Principal Place of Business  
700 COAST LAKE PLACE  
202  
APOPKA, FL 32703

Mailing Address  
700 COAST LAKE PLACE  
202  
APOPKA, FL 32703

**10066210**

2. Principal Place of Business  
**840 Wesley Cir.**  
Suite, Apt. #, etc.  
**Apt. #202**

3. Mailing Address  
**7002 Kingspointe Pkwy**  
Suite, Apt. #, etc.  
**Suite # 207-B**

City & State  
**Apopka, FL**

City & State  
**Orlando, FL**

Zip  
**32703**

Country  
**USA**

Zip  
**32819**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**75-3044871**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**J.A.O. SERVICES INC.**  
**7802 KINGSPOINTE PARKWAY**  
**205**  
**ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name  
**J.A.O. Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7002 Kingspointe Pkwy**  
**Suite # 207-B**  
City **Orlando** **FL** Zip Code **32819**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAPELETTI, SILVIO</b>	
STREET ADDRESS	<b>700 COAST LAKE PLACE SUITE #202</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32703</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>840 Wesley Cir. #202</b>	
STREET ADDRESS	<b>Apopka, FL 32703</b>	
CITY-ST-ZIP		
TITLE	<b>V David Sipola</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>840 Wesley Cir #202</b>	
STREET ADDRESS	<b>Apopka, FL 32703</b>	
CITY-ST-ZIP		
TITLE	<b>S Ariel Paron</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>840 Wesley Cir #202</b>	
STREET ADDRESS	<b>Apopka, FL 32703</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/03**

Date

**321/297-5949**

Daytime Phone #

CR2E034 (10/02)