

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-17-2003 90199 036 ***150.00

DOCUMENT # P02000043055

1. Entity Name
GABRIELE PAUL, PA.



Principal Place of Business
Sterling Greens Dr. #202
NAPLES FL 34104

Mailing Address
6871 Sterling Greens Dr. #202
NAPLES FL 34104

55038928



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0681896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AMBURN, JAMES W~~
~~28000 SPANISH WELLS BLVD~~
~~BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD
City **BONITA SPRINGS** FL Zip Code **34135**

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]

FRIEDRICH W. SCHMIDT, MGR

04/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PAUL, GABRIELE**
STREET ADDRESS **2345 MAGNOLIA LANE #8**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☒ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **Paul Gabriele**
STREET ADDRESS **6871 Sterling Greens Dr. #202**
CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED, GABRIELE PAUL

4-8-03 239-992-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)