

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-26-2003 90128 044 ***150.00
P02000063055

DOCUMENT # P02000063055

1. Entity Name
PROCESI CORPORATION



FILED

04 JAN 12 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
219 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990

Mailing Address
219 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990



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

50-0004062

Applied For

Not Applicable

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

PROCESI, AUGUSTO
219 HANCOCK BRIDGE PKWY
CAPE CORAL FL 33990

Name

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
AUGUSTO PROCESI
833 SW 46TH STREET APTS
CAPE CORAL, FL 33914

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

1/12/2004 20f2

SECRETARY OF STATE

PEN YOUR INSTRUCTION
WE ARE FACING THIS LETTER
TO RESOLVE THIS CASE

WE NOWEN HAD RECEIVED A
LETTER FROM YOUR DEPARTMENT
IN THE MONTH OF MARCH
AND BECOMEN BOW.

OUR FEDERAL ID # IS
50-0004062

Sincerely Your
AUGUSTO PROCOPI
OUR PHONE 239-5429104