

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-13-2004 90014 014 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000063055

1. Entity Name

PROCESI CORPORATION



Principal Place of Business

P.O. BOX 152026
CAPE CORAL, FL 33915

Mailing Address

P.O. BOX
CAPE CORAL, FL 33915

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-0004062

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCESI, AUGUSTO
P.O. BOX 152026
CAPE CORAL, FL 33915

7. Name and Address of New Registered Agent

Name

PROCESI, AUGUSTO

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

832 SW 46 STREET APT #5

City

CAPE CORAL

FL

Zip Code

33914

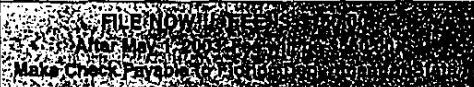
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE



9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Delete
NAME	AUGUSTO PROCESI	
STREET ADDRESS	P.O. BOX 152026	
CITY-STATE-ZIP	CAPE CORAL, FL 33915	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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 included 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

Signature