

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90206 046 \*\*\*158.75

**DOCUMENT # P02000102763**

1. Entity Name  
**PER BACCO INC**



Principal Place of Business  
**5215 OLD GALLOWS WAY  
NAPLES FL 34105**

Mailing Address  
**5215 OLD GALLOWS WAY  
NAPLES FL 34105**



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

☒ 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

**D'AGOSTINO, LOUIS D  
821 FIFTH AVE SOUTH STE 201  
NAPLES FL 34102**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	<b>C</b> <b>Frank D'Agostino</b> <input type="checkbox"/> Delete <b>5215 Old Gallows Way</b> <b>Naples - FL 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Domenic D'Agostino</b> <input type="checkbox"/> Delete <b>5215 Old Gallows Way</b> <b>Naples - FL 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>John D'Agostino</b> <input type="checkbox"/> Delete <b>7834 Gardner Dr. #201</b> <b>Naples - FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Mario D'Agostino</b> <input type="checkbox"/> Delete <b>750 MOORING BLVD. #206</b> <b>NAPLES FL 34102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANNE D'AGOSTINO</b> <input type="checkbox"/> Delete <b>5215 OLD GALLOWS WAY</b> <b>NAPLES - FL 34105</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** **ANNE D'AGOSTINO** 4/15/03 239-403-4070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)