

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90008 003 ***150.00

DOCUMENT # P93000002986

1. Entity Name

R.T. MONGILLO, P.A.

Principal Place of Business

Mailing Address

~~600 5TH AVE SOUTH
306
NAPLES FL 34102
US~~

~~600 5TH AVE SOUTH
306
NAPLES FL 34102-5267
US~~

2. Principal Place of Business

1250 TAMiami TrL. N.

3. Mailing Address

1250 TAMiami TrL. N.

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

Zip

34102

Country

4. FEI Number

65-0377652

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

**MONGILLO, R.T.
600 5TH AVE SOUTH
BLDG. D, SUITE 22
NAPLES FL 34102**

Name

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

1250 TAMiami TrL. N.

STE #211

City

NAPLES

FL

Zip Code

34102

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.

SIGNATURE

R.T. Mongillo
Signature, typed or printed name of registered agent and title if applicable

R.T. MONGILLO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONGILLO, R.T. 2100 PICADILLY CIRCUS NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R.T. Mongillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

941-435-3536
Daytime Phone #

CR2E034 (9/99)