

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90218 008 ***150.00

DOCUMENT # P93000036823

1. Entity Name
FRANK VASSALOTTI, INC.



Principal Place of Business
4300 ROYAL WOOD BLVD.
NAPLES FL 34112
US

Mailing Address
6657 HUNTLEY LANE N.
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

427 Henley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

4. FEI Number **65-0411627**

Applied For

Not Applicable

Zip

Country

Zip

Country

34104

USA

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

VASSALOTTI, FRANCIS A
6657 HUNTLEY LANE N
NAPLES FL 34104

Name

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

427 Henley Drive

City

Naples

FL

Zip Code

34104

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

Laurie Vassalotti

1/27/03

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 **VASSALOTTI, FRANCIS A**
STREET ADDRESS **6657 HUNTLEY LANE N**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME **427 Henley Drive**
STREET ADDRESS **Naples, FL**
CITY-ST-ZIP **34104**

TITLE **V** ☐ Delete
NAME **VASSALOTTI, LAURIE**
STREET ADDRESS **6657 HUNTLEY LANE N**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ Addition
NAME **427 Henley Drive**
STREET ADDRESS **Naples, FL**
CITY-ST-ZIP **34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 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:

Laurie Vassalotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03 (239) 352-1387

CR2E034 (10/02)