

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90055 030 ***150.00

DOCUMENT # P93000045070

1. Entity Name

JANET D. CONSTANTINE, P.A.

Principal Place of Business

**836 ANCHOR RODE RD
 NAPLES FL 34103
 US**

Mailing Address

**836 ANCHOR RODE RD
 NAPLES FL 34103
 US**

817920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16300 18th Ave NW

3. Mailing Address

**838 Neopolitan Way S
 PMB 209**

City & State
Naples Florida

City & State
Naples Florida

4. FEI Number **65-0423066**

Applied For

Not Applicable

Zip
34119

Country
USA

Zip
34103

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN
 4001 TAMiami TRAIL NORTH
 SUITE 300
 NAPLES FL 34103**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE
PD
 NAME
CONSTANTINE, JANET D
 STREET ADDRESS
836 ANCHOR RODE DR
 CITY-ST-ZIP
NAPLES FL 34103

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/01 941-254-9722

CR2E034 (10/00)