

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

0079879 AV

**DOCUMENT # P93000049351**

1. Entity Name

**6671 WEST INDIANTOWN ROAD, INC.**

08-21-2001 90007 023 \*\*\*550.00

Principal Place of Business

**6671 W. INDIANTOWN RD.  
 SUITE 62  
 JUPITER FL 33458  
 US**

Mailing Address

**6611 WEST INDIANTOWN ROAD  
 SUITE 62  
 JUPITER FL 33458  
 US**

00073218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0420504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CIOFFI, MICHAEL J  
 6611 WEST INDIANTOWN ROAD  
 SUITE 62  
 JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

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

**6671 WEST INDIANTOWN ROAD**

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

**MICHAEL J. CIOFFI**

**7-31-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **VP** ☐ Delete  
 NAME **VEGLIA, ROBERT C**  
 STREET ADDRESS **6611 WEST INDIANTOWN ROAD SUITE 62**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **P** ☐ Delete  
 NAME **CIOFFI, MICHAEL J.**  
 STREET ADDRESS **6611 WEST INDIANTOWN ROAD SUITE 62**  
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6671 WEST INDIANTOWN ROAD. SUITE 62**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6671 WEST INDIANTOWN ROAD. SUITE 62**  
 CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL J. CIOFFI**

**7-31-01**

**(561) 575-6818**

Date

Daytime Phone #

CR2E034 (5/01)