0001

# UNIFORM BUSINESS REPORT (UBR)

06-26-2001 90010 002 ***150.00
06-26-2001 90010 001 ***150.00
P93000069510
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -3 AM 11:56

DOCUMENT # P93000069510

1. Entity Name

Leonard T. Capozzo & Associates, Inc.

75438

[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2. Principal Place of Business: 868 99th Ave. N. | 3. Mailing Address: 1417-3 Del Prado Blvd. |
| Suite, Apt. #, etc.: Suite #4 | Suite, Apt. #, etc.: Suite 451 |
| City & State: Naples, FL | City & State: Cape Coral, FL |
| Zip: 34108 Country: | Zip: 33990 Country: |

4. FEI Number: 65-0437245 ☐ 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 |
|---|---|
| | Name: Capozzo, Leonard T. |
| | Street Address (P.O. Box Number is Not Acceptable): 27840 Forester Drive |
| | City: Bonita Springs, FL FL Zip Code: 34134 |

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] 4/25/01
Signature, type or print 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | PSDT<br>Capozzo, Leonard T.<br>27840 Forester Drive<br>Bonita Springs, FL 34134-3702 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | | ☐ Change ☐ 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: [signature] 4/25/01 941-596-5357