

00/01

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069510

1. Entity Name
Leonard T. Capozzo & Associates, Inc.

06-26-2001 90010 002 ***150.00
06-26-2001 90010 001 ***150.00
P93000069510
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -3 AM 11:56

Principal Place of Business Mailing Address

75438

2. Principal Place of Business
968 99th Ave. N.
Suite, Apt. #, etc.
Suite #4
City & State
Naples, FL
Zip
34108
Country

3. Mailing Address
1417-3 Del Prado Blvd.
Suite, Apt. #, etc.
Suite 451
City & State
Cape Coral, FL
Zip
33990
Country

4. FEI Number
65-0437245
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

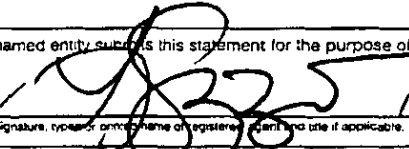
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

3

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 

(NOTE: Registered Agent signature required when re-issuing)

4/25/01

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 \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

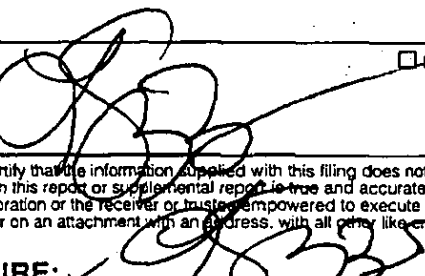
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
PSUT	Capozzo, Leonard T.	27840 Forester Drive	Bonita Springs, FL 34134-3202	

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: 

4/25/01 94-596-5757