2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069510

1. Entity Name
LEONARD T. CAPOZZO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
868 99TH AVE N	868 99TH AVE N
SUITE #4	SUITE #4
NAPLES FL 34108	NAPLES FL 34108
US	US

2. Principal Place of Business 9115-2 Galleria Court
Suite, Apt. #, etc.

3. Mailing Address 9115-2 Galleria Court
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State Naples, FL
Zip 34109 Country USA

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Zip 34109 Country USA

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

CAPOZZO, LEONARD T
27840 FORESTER DRIVE
BONITA SPRINGS FL 34134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature/typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE April 30, 03

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 PSVT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME CAPOZZO, LEONARD T		NAME		
STREET ADDRESS 27840 FORESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP BONITA SPRINGS FL 34134-3802		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date April 30 04   Daytime Phone #