

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90099 036 ***150.00

DOCUMENT # P94000000688

1. Entity Name
MICHAEL D'AGOSTINO, P.A.



Principal Place of Business
**10480 STRINGFELLOW RD.
STE 3
ST. JAMES CITY FL 33956
US**

Mailing Address
**10480 STRINGFELLOW RD.
STE 3
ST. JAMES CITY FL 33956
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
14282 PACOSIN CT.

3. Mailing Address
BOX 2300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOKEELIA FLA

City & State
PINELAND FLA.

4. FEI Number **65-0456142**

Applied For
Not Applicable

Zip
33922

Country
USA

Zip
33945

Country
USA

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

**D'AGOSTINO, MICHAEL
10480 STRINGFELLOW RD. STE. 3
ST JAMES CITY FL 33956**

Name **MICHAEL D'AGOSTINO**

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

14282 PACOSIN CT.

City **PINELAND BOKEELIA FL**

Zip Code
33922

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 *Michael D'Agostino* **MICHAEL D'AGOSTINO** **3-18-03**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
NAME **D**
D'AGOSTINO, MICHAEL ☐ Delete
STREET ADDRESS
10480 STRINGFELLOW RD. STE 3
CITY-ST-ZIP
SAINT JAMES CITY FL 33956

TITLE
NAME **D** ☒ Change ☐ Addition
D'AGOSTINO MICHAEL
STREET ADDRESS
14282 PACOSIN CT
CITY-ST-ZIP
BOKEELIA FLA 33922

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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: *Michael D'Agostino* **Owner 3/4/03** **239-282-2620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3-18-03**
Date Daytime Phone #

CR2E034 (10/02)