

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90050 030 ***150.00

DOCUMENT # P95000040826

1. Entity Name

JANET L. INFANTI, P.A.

Principal Place of Business

**4100 -29TH PLACE SW
NAPLES FL 34116
US**

Mailing Address

**4100 -29TH PLACE SW
NAPLES FL 34116
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0588209**

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

**INFANTI, JANET L
4601 GULF SHORE BLVD. NO.
NAPLES FL 33940**

Name

JANET L. INFANTI

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

4100 29th. PL. S.W.

Naples FL 3

City

FL

Zip Code
34116

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 *Janet L. Infanti*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-21-01

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 **D** ☐ Delete
NAME **INFANTI, JANET L**
STREET ADDRESS **4601 GULF SHORE BLVD. NO.**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☒ Change ☐ Addition
NAME **4100 29th PL. S.W**
STREET ADDRESS **NAPLES FL 34116**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **INFANTI, PETER**
STREET ADDRESS **4601 GULF SHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME **4100 29th. PL. S.W**
STREET ADDRESS **NAPLES FL 34116**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Janet L. Infanti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET L. INFANTI

Date

Daytime Phone #

3-21-01 941-354-3369

CR2E034 (10/00)