

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066301

1. Entity Name

CANDITO PARTNERS TWO, INC.

Principal Place of Business

2540 11TH CIRCLE
NAPLES FL 33940

Mailing Address

2540 11TH CIRCLE
NAPLES FL 34103-4503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3636-3 E TAMiami TA

NAPLES

FL

34112

COLLIER

6. Name and Address of Current Registered Agent

CANDITO, JOSEPH P JR
2540 11TH CIRCLE
NAPLES FL 34103

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.

SIGNATURE

Signature, typed or printed 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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CANDITO, JOSEPH P JR	
STREET ADDRESS	2540 11TH CIRCLE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDITO, PATRICIA F	
STREET ADDRESS	2540 11TH CIRCLE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDITO, JOSEPH P SR	
STREET ADDRESS	2540 11TH CIRCLE	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDITO, LYDIA	
STREET ADDRESS	2550 10TH STREET N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDITO, JULIE	
STREET ADDRESS	2540 11TH CIR.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90189 026 ***150.00

00038854



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0609162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)