

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085179

1. Entity Name

COSTANTINI HOMES, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90003 032 ***150.00

Principal Place of Business

Mailing Address

~~515 107TH AVE., N~~
~~NAPLES FL 34108~~

~~515 107TH AVE., N~~
~~NAPLES FL 34103-4185~~

2. Principal Place of Business

3359 Tamiami Tr. N

3. Mailing Address

3359 Tamiami Tr N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

65-0671909

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

COSTANTINI, DOMENIC

~~515 107TH AVE., N~~
NAPLES FL 34108

Name

Domenic Costantini

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

522 100th Ave N

City

Naples

FL

Zip Code

34108

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
CONSTANTINI, DOMENIC
3363 TAMAMI TRAIL N
NAPLES FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
Domenic Costantini
522 100th Ave N
Naples, FL 34108

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Change

☐ Addition

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

Domenic Costantini

Date

Daytime Phone #

2/17/00

(941) 261 3383

CR2E034 (9/99)