

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90058 009 \*\*\*150.00

**DOCUMENT # P97000009765**

1. Entity Name

**A&N OF MARCO, INC.**

Principal Place of Business

Mailing Address

**365 5TH AVE SO  
STE 201  
NAPLES FL 34102  
US****365 5TH AVE SO  
STE 201  
NAPLES FL 34102-6575  
US**

2. Principal Place of Business

3. Mailing Address **David Nassif Company**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**195 Worcester Street  
Suite 301  
City & State  
Wellesley, MA**

Zip

Country

Zip

Country

**02481****USA**

4. FEI Number

**59-3435862**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHEFFY, LOUIS W  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>PDS</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ANTARAMIAN, JACK J</b>	<b>365 FIFTH AVE S, STE #201</b>	<b>NAPLES FL 34102</b>						
	<b>VTD</b>			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>NASSIF, DAVID E</b>	<b>365 5TH AVE SO STE 201</b>	<b>NAPLES FL 34102</b>			<b>NASSIF, DAVID E.</b>	<b>195 WORCESTER ST. SUITE 301</b>	<b>WELLESLEY, MA 02481</b>	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:****David E. Nassif**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 27, 2000**  
Date

Daytime Phone #

CR2E034 (9/99)