

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90210 032 ***150.00

0501583 AV

DOCUMENT # P97000034064

1. Entity Name
T&L DEVELOPMENT INC.

Principal Place of Business

**6930 SABLE RIDGE LANE
 NAPLES FL 34109
 US**

Mailing Address

**6930 SABLE RIDGE LANE
 NAPLES FL 34109
 US**

2. Principal Place of Business

1474 Rail Head Blvd

Suite, Apt. #, etc.

Suite #103

City & State

Naples, FL

Zip

34110

Country

US

3. Mailing Address

1474 Rail Head Blvd

Suite, Apt. #, etc.

Suite 103

City & State

Naples, FL

Zip

34110

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0766051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADRAGNA, TILDA
 6930 SABLE RIDGE LANE
 NAPLES FL 33109**

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

B. Gervasi

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	ADRAGNA, TILDA	
STREET ADDRESS	6930 SABLE RIDGE LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input type="checkbox"/> Delete
NAME	GERVASI, BEVERLY	
STREET ADDRESS	556 96TH AVE N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADRAGNA, ANDY	
STREET ADDRESS	6930 SABLE RIDGE LN	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADRAGNA, LEONARDO	
STREET ADDRESS	6930 SABLE RIDGE LN	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3906 Upolo Ln	
STREET ADDRESS	Naples, FL 34119	
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
NAME		
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:

B. Gervasi
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)