

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044159

1. Corporation Name

SCOTT J. URICCHIO, P.A.

Principal Place of Business

1009 E HWY 436
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

1009 E HWY 436
ALTAMONTE SPRINGS FL 32701
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

65-0766162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 746 N. MAGNOLIA AVE.

26 746 N. MAGNOLIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

24 32803

25 USA

29 32803

30 USA

9. Name and Address of Current Registered Agent

URICCHIO, SCOTT J
1009 E HWY 436
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

SCOTT J. URICCHIO

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

746 N. MAGNOLIA AVE.

83

84 City

ORLANDO

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SCOTT J. URICCHIO

1/11/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME URICCHIO, SCOTT J
STREET ADDRESS 1009 E HWY 436
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

746 N. MAGNOLIA AVE.
ORLANDO, FL 32803

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (1/98)