

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059751

1. Entity Name

MICHAEL LAPLATTE, P.A.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90046 019 ***150.00

Principal Place of Business

4459 ROBIN AVENUE
NAPLES FL 34104

Mailing Address

4459 ROBIN AVENUE
NAPLES FL 34104-4431

2. Principal Place of Business

5075 Tamarind Ridge Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

58-2336731

Applied For

Not Applicable

Zip

34119

Country

Collier

Zip

Country

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

LAPLATTE, MICHAEL
4459 ROBIN AVE
NAPLES FL 34104

Name

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

5075 Tamarind Ridge Drive

City

Naples

FL

Zip Code

34119

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

Michael Laplatte

3/10/00

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

D
LAPLATTE, MICHAEL PA
44459 ROBIN AVE.
NAPLES FL 34104

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5075 Tamarind Ridge Drive
Naples, FL 34119

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Michael Laplatte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00
Date

Daytime Phone #