

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000062157****1. Entity Name**  
**VINCENT J. DIRITO, P.A.****FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90275 015 \*\*\*150.00

**Principal Place of Business**  
**FOUR SAWGRASS VILLAGE ~~STE 205~~**  
**STE 230**  
**PONTE VEDRA BEACH FL 32082**  
**Mailing Address**  
**FOUR SAWGRASS VILLAGE ~~STE 205~~**  
**STE 230**  
**PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**Four Sawgrass Village**  
**Suite, Apt. #, etc.**  
**Suite 230**  
**3. Mailing Address**  
**Four Sawgrass Village**  
**Suite, Apt. #, etc.**  
**Suite 230****City & State**  
**Ponte Vedra Beach, FL**  
**Zip**  
**32082**  
**Country**  
**USA**  
**City & State**  
**Ponte Vedra Beach, FL**  
**Zip**  
**32082**  
**Country**  
**USA****4. FEI Number** **59-3460700**  
**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****DIRITO, VINCENT J**  
**FOUR SAWGRASS VILLAGE STE. 205**  
**PONTE VEDRA BEACH FL 32082****Name**  
**Vincent J. Dirito**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**Four Sawgrass Village, Suite 230**  
**City** **Ponte Vedra Beach, FL** **Zip Code** **32082****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, 2001 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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>DIRITO, VINCENT J</b> <b>FOUR SAWGRASS VILLAGE STE-205</b> <b>PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>Vincent J. Dirito</b> <b>Four Sawgrass Village, suite 230</b> <b>Ponte Vedra Beach, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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

**Date****Daytime Phone #**

CR2E034 (10/00)