

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90030 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000062157

1. Entity Name
VINCENT J. DIRITO, P.A.

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
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2. Principal Place of Business 333 North 1st street Suite, Apt. #, etc. Suite 305 City & State Jacksonville Beach, Florida Zip 32250 Country USA	3. Mailing Address 333 North 1st street Suite, Apt. #, etc. Suite 305 City & State Jacksonville Beach, Florida Zip 32250 Country USA
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4. FEI Number 59-3460700	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DIRITO, VINCENT J
FOUR SAWGRASS VILLAGE STE. 230
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
 Name **Vincent J. Dirito**
 Street Address (P.O. Box Number is Not Acceptable)
333 North 1st street
Suite 305
 City **Jacksonville Beach** **FL** Zip Code **32250**

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 *Vincent J. Dirito* **Vincent J. Dirito** **4-23-02**
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. <input type="checkbox"/> <small>(See criteria on back)</small>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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11. OFFICERS AND DIRECTORS

TITLE P	NAME DIRITO, VINCENT J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS FOUR SAWGRASS VILLAGE, SUITE 230		
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME Vincent J. Dirito	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 333 North 1st street, suite 305		
CITY-ST-ZIP Jacksonville Beach, FL 32250		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Vincent J. Dirito* **Vincent J. Dirito** **4-23-02** **(904) 247-1755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)