

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90055 050 \*\*\*150.00

**DOCUMENT # P97000063175**

1. Entity Name

**PADULO INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

1450 VIA PORTOFINO  
 NAPLES FL 34108  
 US

1100 5 AVE SOUTH ROOM 201  
 NAPLES FL 34102-6407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3475523**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADULO, JOSEPH V  
~~500 LAMBIANCE CIRCLE #203~~  
~~NAPLES FL 34102~~

Name **PADULO Joseph V**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 Via Portofino**  
 City **NAPLES FL** Zip Code **3410**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May  
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D PADULO, JOSEPH V Joseph**  
 STREET ADDRESS **500 LAMBIANCE CIR #203**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐  
 NAME **PRESIDENT**  
 NAME **PADULO Joseph V**  
 STREET ADDRESS **1450 Via Portofino**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
 NAME **D PADULO, LORRAINE D**  
 STREET ADDRESS **500 LAMBIANCE CIR #203**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐  
 NAME **SECRETARY**  
 NAME **PADULO LORRAINE D**  
 STREET ADDRESS **1450 Via Portofino**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐  
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TITLE ☐ Change ☐  
 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 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

1/31/00 (941) 514-71  
 Date Daytime Phone #