

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000071127**

1. Entity Name

JAMES V. FERACO & ASSOCIATES INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90147 010 ***150.00

Principal Place of Business

**12875 CLEVELAND AVE., SUITE 5
FT. MYERS FL 33907**

Mailing Address

**12875 CLEVELAND AVE., SUITE 5
FT. MYERS FL 33907****112241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775188**

Applied For

Not Applicable

Zip

Country

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****FERACO, JAMES V
1801 BRANTLEY ROAD
APT 1511
FT. MYERS FL 33907**

Name

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

7160-18 CRYSTAL DRIVE

City

FT. MYERS**FL**

Zip Code

33907

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	FERACO, JAMES V			
	1801 BRANTLEY RD #1511			
	FT MYERS FL 33907			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		7160-18 CRYSTAL DRIVE		
		FT. MYERS	FL	
			33907	

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

JAMES V FERACO, PRESIDENT 2/1/01 941-275-0305

Date

Daytime Phone #

CR2E034 (10/00)