

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

02-08-2000 90160 030 \*\*\*150.00

**DOCUMENT # P97000081840**

i. Entity Name

**VATICANO, INC.**

Principal Place of Business

~~11751 S CLEVELAND AVE #17~~  
~~FT MYERS FL 33907~~  
**625 Periwinkleway**  
**Sanibel, FL 33957**

Principal Place of Business

Mailing Address

~~11751 S CLEVELAND AVE #17~~  
~~FT MYERS FL 33907-2870~~  
**1625 Periwinkleway**  
**Sanibel, FL 33957**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NEELD, ROBERT M**  
**4040 DEL PRADO BLVD PRADO**  
**CAPE CORAL FL 33904**

4. FEI Number

**65-0783780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	PD <b>RAO, MONTEREY MARTINO</b> <b>703 MONTARAY AVE monterey</b> <b>CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
ST-ZIP	STVD <b>RAO, CARLO</b> <b>1569-2 PARKMEADOW DR</b> <b>FT MYERS FL 33907</b>	<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Martino RAO **Martino RAO** 2/1/00 941-472-5453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)