

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096824

1. Entity Name
CHIASO, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90018 029 ***150.00

Principal Place of Business
**1053 5TH AVENUE SOUTH
NAPLES FL 34102**

Mailing Address
**1053 5TH AVENUE SOUTH
NAPLES FL 34102**

2. Principal Place of Business
375 12th Ave S
Suite, Apt. #, etc.

3. Mailing Address
375 12th Ave S
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL
Zip
34102 Country

City & State
NAPLES FL
Zip
34102 Country

4. FEI Number **59-3483668**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAGA, ANTONIO ESQ
375 12TH AVENUE SOUTH
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, type 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

TITLE **P - TR**
NAME **CAROLAN-FAGA, KIMBERLY**
STREET ADDRESS **1380 WOOD DUCK TRAIL**
CITY-ST-ZIP **NAPLES FL 34108** ☐ Delete

TITLE **DB - VP**
NAME **FEINSTEIN, ERIC S.W.**
STREET ADDRESS **13524 ROSEWOOD LN**
CITY-ST-ZIP **NAPLES FL 34119** ☐ Delete

TITLE **VP**
NAME **WILLKOMM, MARY S**
STREET ADDRESS **227 GULF SHORE BLVD S**
CITY-ST-ZIP **NAPLES FL 34102** ☒ Delete

TITLE **SEC**
NAME **ANN JULIANO**
STREET ADDRESS **360 ESTHER STREET**
CITY-ST-ZIP **NAPLES, FL. 34104** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☒ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

3/14/01
Date

941 262 7533
Daytime Phone #

CR2E034 (10/00)