

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90477 015 ***150.00

043435

DOCUMENT # P97000107699

1. Entity Name
CICCONI FAMILY CORPORATION

Principal Place of Business
**104 N. ISLE DRIVE
 SARASOTA FL 34243**

Mailing Address
**C/O ALEX KATZ. ESQUIRE
 940 PENNSYLVANIA BLVD
 FEASTERVILLE PA 19053**

DUUJ1430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
351 Camer Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State
Bensalem PA

4. FEI Number **23-2938872**

Applied For
 Not Applicable

Zip

Country

Zip

19020

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CICCONI, LOUIS R
 104 N. ISLE DRIVE
 SARASOTA FL 34243**

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 KATZ, ALEX
 940 PA BLVD
 FEASTERVILLE PA 19053**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

4/13/01 (215) 244.6677

CR2034 (10/00)