

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90168 049 ***150.00

DOCUMENT # P98000022798

1. Entity Name

ERIC J. VASQUEZ, P.A.

Principal Place of Business

**993 N. COLLIER BLVD.
 MARCO ISLAND FL 34145**

Mailing Address

**993 N. COLLIER BLVD.
 MARCO ISLAND FL 34145**

2. Principal Place of Business

900 6th Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Address

900 6th Avenue South

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34102

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0821259**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VASQUEZ, ERIC J
 993 N. COLLIER BLVD.
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

Vasquez, Eric J.

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

900 6th Avenue South

Suite 201

City

Naples

FL

Zip Code

34102

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 **P** ☐ Delete
 NAME **VASQUEZ, ERIC J**
 STREET ADDRESS **341 BURNING TREE DR.**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **S** ☐ Delete
 NAME **VASQUEZ, MELISSA**
 STREET ADDRESS **341 BURNING TREE DR.**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 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 #

CR2E034 (10/00)