

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90245 021 ***150.00

DOCUMENT # P98000040994

i. Entity Name
NICOLO LAGRASTA, INC.

Principal Place of Business CASSENA RD. 860 FL 34108	Mailing Address 860 CASSENA RD. NAPLES FL 34108-1842
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 562 ROMA CT	3. Mailing Address 562 ROMA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL.	City & State NAPLES, FL.
Zip 34108	Zip 34108
Country	Country

4. FEI Number 59-3509565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAGRASTA, NICOLO
 860 CASSENA RD.
 NAPLES FL 34108**

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Delete	D LAGRASTA, NICOLO 860 CASSENA RD. NAPLES FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LAGRASTA, NICOLO 562 ROMA CT. NAPLES, FL 34108
<input checked="" type="checkbox"/> Delete	D LAGRASTA, IDA 860 CASSENA RD. NAPLES FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LAGRASTA, IDA 562 ROMA CT. NAPLES, FL 34108
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Nicola Lagrasta* **APRIL 11, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)