

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040994

1. Entity Name
NICOLO LAGRASTA, INC.

Principal Place of Business

562 ROMA CT
NAPLES FL 34108

Mailing Address

562 ROMA CT
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3509565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGRASTA, NICOLO
860 CASSENA RD.
NAPLES FL 34108

Name

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

562 Roma Ct.

City

Naples

FL

Zip Code
34110

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LAGRASTA, NICOLO	
STREET ADDRESS	562 ROMA CT	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGRASTA, IDA	
STREET ADDRESS	562 ROMA CT	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nicola Lagrasta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90027 013 ***150.00

00034738



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)