

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042409

1. Entity Name

THE NICUSANTI BUILDING CORPORATION

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90027 033 ***150.00

Principal Place of Business

1361 CHESPEAKE
#8
NAPLES FL

Mailing Address

PO BOX 689
NAPLES FL 34106

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2. Principal Place of Business

4100 Corporate Square

Suite, Apt. #, etc.

106

3. Mailing Address

4100 Corporate Square

Suite, Apt. #, etc.

106

City & State

Naples, FL

City & State

Naples, FL

Zip

34104

Country

Collier

Zip

34104

Country

Collier

4. FEI Number

65-0835492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICUSANTI, WILLIAM T
2120 HARBOR ROAD
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

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

1361 Chesapeake Ave #8

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
NAME NICUSANTI, WILLIAM T
STREET ADDRESS PO BOX 689
CITY-ST-ZIP NAPLES FL 34106 ☐ Delete

TITLE V
NAME GOLDSSCHMIDT, JAY M
STREET ADDRESS 4319 13TH AVE SW
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
NO REPLACEMENT

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
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:

William Todd Nicusanti
Signature and Typed or Printed Name of Signing Officer or Director

3-19-01 941-530-0840

Date

Daytime Phone #

CR2E034 (10/00)

0540365