

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000045251**

1. Entity Name

DON MONOPOLI PRODUCTIONS, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90130 045 ***150.00

Principal Place of Business

**3950 BRISTOL COURT
MELBOURNE FL 32904**

Mailing Address

**P O BOX 1316
MELBOURNE FL 32902**

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 **59-3522234**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MONOPOLI, DONALD S
3050 BRISTOL CT
MELBOURNE FL 32904****7. Name and Address of New Registered Agent**

Name

3950 BRISTOL CT
(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	☐ Delete
	CPD			
	MONOPOLI, DONALD S	3950 BRISTOL COURT	MELBOURNE FL 32904	
	STD			
	MONOPOLI, LAURA E	3950 BRISTOL CT	MELBOURNE FL 32904	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD S. MONOPOLI
PRESIDENT**

Date

1/19/01

Daytime Phone #

(321) 728-8773

CR2E034 (10/00)