2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000047842

STEVEN ANTONACCI, P.A.



Principal Place of Bi 121 GULFVIEW AVE FORT MYERS BEACH		Mailing Address 121 GULFVIEW AVE FORT MYERS BEACH FL 33931						
2. Principal Place of Business		3. Mailing Address	3					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	5.				

FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90089 046 ***150.00

121 GULFVIEW AVE FORT MYERS BEACH FL 33931		121 GÜLFVIEW AVE FORT MYERS BEACH FL 33931												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing	3. Mailing Address Suite, Apt. #, etc.											
		Suite, A					☐ CHECK HERE IF MAKING CHANGES							
City & Sta	ate .		City & S	& State		4	4. FEI Number 65-0837485					Applied For		
Zip		Country	Žip		Countr	у	5	. Certific	ate of Stat	us Desire	ed [8.75 Ac	
	6. Name s	and Address of Current	Registered A	gent			7	. Name	and Addre	ss of Ne	w Regis			
- 4/44/055	AN 510111					Name		,					,	
, -	ON, THOMAS					Stroot Ac	ddroon /BO	Day Non						
	'H AVENUE N	.				Sileet AC	ddress (P.O	. Box Nur	mber is No	t Accepta	able)			
NAPLES !	FL 34108					-			-		-	·		
					-	City			-	-		FL	Zip Cod	de
8. The above	e named entity	submits this statement fo	r the purpose	of changing its re	acistered	office or	registered s	acent or	both in the	- State o	Elorido		mili mu v vista	
the obliga	itions of register	red agent.	- 1	er erranging ite re	, g.o.o.o.o	011100 01	rogistered t	agent, or	DOM, III (III	s State 0	r Florida.	i am iar	niliar with	, and accept
CIONIATURE														
SIGNATURE	Signature, typed or	printed name of registered agent a	and title if applicable). (NOTE: E	Registered A	gent sinnatur	e required when	a rainstation)	· · · · · · · · · · · · · · · · · · ·			5.475		<u> </u>
							o rodoned writer	T	, 			DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					9.	Election C			ng 🗆		00 May Be
10.								<u></u>						
TITLE	D	OFFICERS AND			11,			DDITION	NS/CHANC	SES TO C	OFFICER	S AND D	IRECTOR	
NAME	ANTONACCI	l. Steven		☐ Delete	TITLE								☐ Change	Addition
STREET ADDRESS	121 GULFVII				NAME	ADDRESS								
CITY-ST-ZIP		S BEACH FL 33931			CITY-ST									
TITLE	-									_				
NAME	ĺ			☐ Delete	TITLE NAME	1] Change	☐ Addition
STREET ADDRESS					STREET A	anneree								
CITY-ST-ZIP	ļ				CITY-ST	i								
TITLE		· · · · · · · · · · · · · · · · · · ·		Delete	-									<u> </u>
NAME				☐ Delete	TITLE NAME	l						L	Change	☐ Addition
STREET ADDRESS	· -			remember.	STREET A	ADDRESS	-							
CITY-ST-ZIP					CITY-ST-	-ZIP								
TITLE	,			☐ Delete	TITLE					·			Chapan	- Addition
NAME			,		NAME							L.	Change	☐ Addition
STREET ADDRESS					STREET A	DDRESS								
CITY-ST-ZIP					CITY-ST-	ZIP								
TITLE			[☐ Delete	TITLE	1-			•					Addition
NAME					NAME								Johango	
STREET ADDRESS					STREET A	DDRESS								
CITY-ST-ZIP				ľ	CITY-ST-	ZIP								
TITLE				☐ Delete	TITLE	<u> </u>	*	·					Change	☐ Addition
NAME STREET ADDRESS				ľ	NAME							_		
STREET ADDRESS CITY-ST-ZIP					STREET AL									
1.1.1.2.3.1.7IP					CITY-ST-									

12. 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 10 or Block 11 if

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR