

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90846 039 ***150.00

DOCUMENT # P98000049930

1. Entity Name
SORRENTINO ASSET MANAGEMENT, INC.



Principal Place of Business
**1044 CASTELLO DR
#203
NAPLES FL 34103**

Mailing Address
**1044 CASTELLO DR
#203
NAPLES FL 34103**



2. Principal Place of Business
3033 Riviera Dr.

3. Mailing Address
3033 Riviera Dr.

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.
Suite 106

City & State
Naples FL

City & State
Naples, FL

Zip
34103

Country
Collier

Zip
34103

Country
Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0840367**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SORRENTINO, ROBERT J
1044 CASTELLO DR
#203
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Robert J. Sorrentino**

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

3033 Riviera Dr., Suite 106

City **Naples**

FL

Zip Code **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SORRENTINO, ROBERT J	
STREET ADDRESS	1044 CASTELLO DR, #203	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGA, ANTONIO	
STREET ADDRESS	375 12TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREADY, JAMES	
STREET ADDRESS	4351 GULF SHORE BLVD. N #17N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 239-643-3051

Date

Daytime Phone #

CR2E034 (10/02)