

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 038 ***158.75

DOCUMENT # **P98000087653**

1. Entity Name
ADDOTTA PROPERTIES, INC.



Principal Place of Business
**4455 SATURN AVE.
WEST PALM BEACH FL 33406**

Mailing Address
**4455 SATURN AVE.
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

1128 ROYAL PALM BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#476

City & State

City & State

ROYAL PALM BEACH, FL

Zip

Country

Zip

Country

33411

FL

4. FEI Number **65-0867622**

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADDOTTA, SALVATORE J
11191 52ND ROAD NORTH
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name

Street Address (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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP**
NAME **ADDOTTA, SALVATORE**
STREET ADDRESS **11191 -52ND RD. N.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS **11191 -52ND RD. N.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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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: **ADDOTTA, SALVATORE J**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)