

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91239 044 ***158.75

DOCUMENT # P99000000395 ✓
1. Entity Name
 Napolitano & Cooper, P.A.

Principal Place of Business **Mailing Address**
 100 Wallace Ave
 Suite 240
 Sarasota, FL 34237

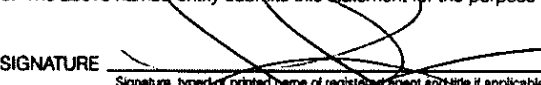
2. Principal Place of Business **3. Mailing Address**
 100 Wallace Ave
 Suite, Apt. #, etc. Suite 240
 City & State City & State Same
 Zip 34237 Country USA Zip Country

4. FEI Number 65-0882884
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 John E. Napolitano
 100 Wallace Avenue
 Suite 240
 Sarasota FL 34237

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.
SIGNATURE  **DATE** 4-23-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$130.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☒ Change ☐ Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	John E. Napolitano
CITY-ST-ZIP		CITY-ST-ZIP	100 Wallace Avenue, Suite 240
TITLE	☐ Delete	TITLE	Vice-President
NAME		NAME	Frances Cooper
STREET ADDRESS		STREET ADDRESS	100 Wallace Avenue, Suite 240
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34237
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **DATE** 4-23-01 **DAYTIME PHONE** (941) 308-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)