

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002133

1. Entity Name
ACCENTS ON FIFTH, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90014 045 ***150.00

Principal Place of Business Mailing Address
300 5TH AVENUE SOUTH ~~TREASURE ISLAND~~ 300 5TH AVENUE SOUTH
SUITE 1137 ~~MAIL SUITE 1137~~ P.O. Box 10652
NAPLES FL 34102 950 CENTRAL AVE NAPLES FL 34101-0652
NAPLES, FL 34102 NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
950 CENTRAL AVE P.O. Box 10652
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
NAPLES FL NAPLES FL
Zip Country Zip Country
34102 COLLIER 34101 COLLIER

4. FEI Number 65-0885811 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCO, ROGER J		NAME		
STREET ADDRESS	300 5TH AVENUE SOUTH 950 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102 NAPLES FL 34102		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, WANDA		NAME		
STREET ADDRESS	300 5TH AVENUE SOUTH 950 CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102 NAPLES FL 34102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Roger J. Marco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)