# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 am**
**Secretary of State**
04-30-2002 90113 012 ***150.00

DOCUMENT # P99000002429

1. Entity Name
SETTIPANI ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2199 SE ERWIN RD.<br>PORT ST. LUCIE FL 34952 | 2199 SE ERWIN RD.<br>PORT ST. LUCIE FL 34952 |

947380

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2861 S.E. WILTSHIRE TERR | 2861 S.E. WILTSHIRE TERR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PORT ST. LUCIE FL | City & State: PORT ST. LUCIE FL |
| Zip: 34952 Country: U.S.A. | Zip: 34952 Country: U.S.A. |

4. FEI Number 65-0885419 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

SETTIPANI, STEVEN
2199 SE ERWIN ROAD
PORT SAINT LUCIE FL 34952

**7. Name and Address of New Registered Agent**

Name: STEVEN SETTIPANI
Street Address (P.O. Box Number is Not Acceptable): 2861 S.E. WILTSHIRE TERRACE.
City: PORT ST. LUCIE FL Zip Code: 34952

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: Steven Settipani Steven Settipani 4/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SETTIPANI, STEVEN<br>2199 SE ERWIN ROAD<br>PORT SAINT LUCIE FL 34952 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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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:** Steven Settipani Steven Settipani 4/3/02 561-334-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)