

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022821

1. Entity Name

NAPOLITANO & SCAGGS REALTY, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90043 046 ***158.75

Principal Place of Business

2730 ENTERPRISE ROAD #C
ORANGE CITY FL 32763

Mailing Address

2730 ENTERPRISE ROAD #C
ORANGE CITY FL 32763-7344

2. Principal Place of Business

1750 S. Volusia Ave

Suite, Apt. #, etc.

SUITE #8

City & State

ORANGE CITY, FL.

Zip

32763

Country

USA

3. Mailing Address

1750 S. Volusia Ave.

Suite, Apt. #, etc.

SUITE #8

City & State

ORANGE CITY FL.

Zip

32763

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-356 2558

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

Name

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

City

FL

Zip Code

NAPOLITANO, JOSEPH A
2730 ENTERPRISE ROAD #C
ORANGE CITY FL 32763

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

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

(NOTE: Registered Agent signature required when reinstalling)

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, 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	D	<input type="checkbox"/> Delete
NAME	NAPOLITANO, JOSEPH A	
STREET ADDRESS	POST OFFICE BOX 5484	
CITY-ST-ZIP	DELTONA FL 32728	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ETIEN SCAGGS	
STREET ADDRESS	2100 WIGGLEY FARMS RD	
CITY-ST-ZIP	DELTONA, FL 32725	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Joseph Napolitano (JOSEPH NAPOLITANO) 1-7-2000

Date

Daytime Phone #

904 774 5300

CR2E034 (9/99)