

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000022821**1. Entity Name
NAPOLITANO & SCAGGS REALTY, INC.

Principal Place of Business	Mailing Address
1750 S VOLUSIA AVE	1750 S VOLUSIA AVE
SUITE #8	SUITE #8
ORANGE CITY FL	ORANGE CITY FL
32763	32763

2. Principal Place of Business
1642 N VOLUSIA AVE3. Mailing Address
1642 N VOLUSIA AVESuite, Apt. #, etc.
SUITE 101Suite, Apt. #, etc.
SUITE 101City & State
ORANGE CITY FLCity & State
ORANGE CITY FLZip Country
32763Zip Country
327634. FEI Number
59-3562558Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**NAPOLITANO JOSEPH A**
2730 ENTERPRISE ROAD #C**ORANGE CITY FL**
32763 US**7. Name and Address of New Registered Agent**Name
NAPOLITANO JOSEPH A
Street Address (P.O. Box Number is Not Acceptable)
1642 N VOLUSIA AVE**SUITE 101**City
ORANGE CITY FL Zip Code
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 **JOSEPH A NAPOLITANO****04/11/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **ELLENSCAGGS MARY**
STREET ADDRESS **2100 WIGGLEY FARMS RD**
CITY-ST-ZIP **DELTONA FL 32725**TITLE **D** ☐ Delete
NAME **NAPOLITANO JOSEPH A**
STREET ADDRESS **POST OFFICE BOX 5484**
CITY-ST-ZIP **DELTONA FL 32728**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 A Napolitano**owne **04/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)