

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90087 043 ***150.00

DOCUMENT # P99000024254

1. Entity Name
J. MUSCARELLA & ASSOCIATES, INC.

Principal Place of Business Mailing Address
~~1010 OCEAN DR. #503~~ ~~1010 OCEAN DR. #503~~
 VERO BEACH FL 32963 VERO BEACH FL 32963

2. Principal Place of Business 3. Mailing Address
1000 CRESCENT BEACH RD. SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH FL SAME

Zip Country Zip Country
32963 USA SAME SAME

4. FEI Number **59-3565122** 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

MUSCARELLA, JOHN
~~1010 OCEAN DR. #503~~ **1000 CRESCENT BEACH RD.**
 VERO BEACH FL 32963

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
1000 CRESCENT BEACH RD.
 City **SAME** FL Zip Code **32963**

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 _____

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 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
 NAME **P MUSCAREELOS, JOHN**
 STREET ADDRESS ~~1010 OCEAN DR. #503~~ **1000 CRESCENT BEACH RD.**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1000 CRESCENT BEACH RD.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **JOHN J. MUSCARELLA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 **561-231-9313**
 Date Daytime Phone #

CR2E034 (10/00)