

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90458 036 ***150.00

DOCUMENT # P99000046992

1. Entity Name

JAMES S. PUCCIO ATTORNEY & COUNSELLOR CHARTERED

Principal Place of Business

**2323 DEL PRADO BLVD.
CAPE CORAL FL 33990**

Mailing Address

**2323 DEL PRADO BLVD.
CAPE CORAL FL 33990**

2323 DEL PRADO BLVD.

2. Principal Place of Business

3. Mailing Address

JAMES S. PUCCIO ATTORNEY & COUNSELLOR CHARTERED

Suite, Apt. #, etc.

PM B174, SUITE 7

City & State

CAPE CORAL, FLORIDA

Zip

33990

Country

LEE

C0063165



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0921506**

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

**PUCCIO, JAMES S
13180 N. CLEVELAND AVE.
FT. MYERS FL 33903**

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

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 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	D PUCCIO, JAMES S 13180 N. CLEVELAND AVE. FT. MYERS FL 33903	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. Puccio
PRESIDENT

Date

Daytime Phone #

4/25/01 941-995-0000

CR2E034 (10/00)