## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Apr 29, 2002 8:00 am \$ \$ Secretary of State 04-29-2002 90010 200 P99000060517 DOCUMENT # 1. Entity Name FRANK RAPPA, P.A. Principal Place of Business Mailing Address 3163 Andorra Ct. 3163 Andorra Ct. Naples, FL 34109-1390 Naples, FL 34109-1390 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0934688 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAPPA, FRANK D -28801 REGIS COURT 3/63 ANDORRA CT Street Address (P.O. Box Number is Not Acceptable) BONITA SPRINGS FL 34134 NAPLES, FL 34109 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE Change Addition TITLE RAPPA, FRANK D NAME 3168 ANDORRA CT NAME 28801-REGIS COURT STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RAPPA, NANETTE P 3163 ANDORRA CT 26801 REGIS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP \_\_\_\_Change\_\_ [\_\_Addition - Deleter = TITLE . . . TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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