

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000060517

1. Entity Name
FRANK RAPPA, P.A.

Principal Place of Business
**3163 ANDORRA COURT
 NAPLES, FL 34109-1390**

Mailing Address
**3163 ANDORRA COURT
 NAPLES, FL 34109-1390**

2. Principal Place of Business
9115 JUSTINE DRIVE

3. Mailing Address
9115 JUSTINE DRIVE

☒ CHECK HERE IF MAKING CHANGES

City & State
WEEKI WACHEE, FL

City & State
WEEKI WACHEE, FL

4. FEI Number
65-0934888

Applied For
☐ Not Applicable

Zip Country
34613 USA

Zip Country
34613 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAPPA, FRANK D
 3163 ANDORRA COURT
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
RAPPA, FRANK D.

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

9115 JUSTINE DRIVE

City **WEEKI WACHEE, FL** Zip Code **34613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank D. Rappa, Inc.

4/25/03

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent Signature Required When Changing)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D RAPPA, FRANK D.**
 STREET ADDRESS **3163 ANDORRA COURT**
 CITY-STATE-ZIP **NAPLES, FL 34109-1390**

TITLE ☐ Delete
 NAME **D RAPPA, NANETTE P.**
 STREET ADDRESS **3163 ANDORRA COURT**
 CITY-STATE-ZIP **NAPLES, FL 34109-1390**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
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 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **D RAPPA, FRANK D.**
 STREET ADDRESS **9115 JUSTINE DRIVE**
 CITY-STATE-ZIP **WEEKI WACHEE, FL 34613**

TITLE ☒ Change ☐ Addition
 NAME **D RAPPA, NANETTE P.**
 STREET ADDRESS **9115 JUSTINE DRIVE**
 CITY-STATE-ZIP **WEEKI WACHEE, FL 34613**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an attorney empowered.

SIGNATURE:

Nanette P. Rappa, Inc.

4/25/03

353-596-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

DATE

DAYPHONE (OPTIONAL)

CR2E034 (10/02)