

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072328

1. Entity Name

CAPTAIN S. LAWRENCE CICCOTTO, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90155 035 ***150.00

Principal Place of Business
11266 Riverwood Pl.
1660 TWELVE OAKS WAY, #303
PALM BEACH FL 33408

Mailing Address
11266 Riverwood Pl.
1660 TWELVE OAKS WAY, #303
NORTH PALM BEACH FL 33408-3233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0938693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CICCOTTO, S. LAWRENCE

1660 TWELVE OAKS WAY, #303 11266 RIVERWOOD PL.
NORTH PALM BEACH FL 33408

Name

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

11266 RIVERWOOD PLACE

City

NORTH PALM BEACH FL

Zip Code

33408

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

Capt S Lawrence Ciccotto PRES.

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, 2000 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
P
CICCOTTO, S. LAWRENCE
1660 TWELVE OAKS WAY, #303-11266 RIVERWOOD
NORTH PALM BEACH FL 33408

☐ Delete

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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:

Capt S Lawrence Ciccotto
CAPT. S. LAWRENCE CICCOTTO

PRES.

4-20-2000

Date

Daytime Phone #

CR2E034 (9/99)