

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079660

1. Entity Name

REPTILE OF NORTH FLORIDA, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90067 028 \*\*\*150.00

Principal Place of Business  
8134 SABLE WOODS DR.,N.  
JACKSONVILLE FL 32244

Mailing Address  
8134 SABLE WOODS DR.,N.  
JACKSONVILLE FL 32244

2. Principal Place of Business  
13703 Richmond Park DR N  
Suite, Apt. #, etc.  
APT 1511  
City & State  
Jacksonville FL  
Zip  
32224  
Country

3. Mailing Address  
13703 Richmond Park DR N  
Suite, Apt. #, etc.  
APT 1511  
City & State  
Jacksonville FL  
Zip  
32224  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3593610  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPERANZI, CRAIG J  
8134 SABLE WOODS DR.,N.  
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent  
Name  
SPERANZI, CRAIG J  
Street Address (P.O. Box Number is Not Acceptable)  
13703 RICHMOND PARK DRIVE N.  
APT # 1511  
City  
Jacksonville FL  
Zip Code  
32224

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]*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPERANZI, CRAIG J 8134 SABLE WOODS DR.,N. JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Delete <i>CAS do not delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPERANZI, CRAIG J 13703 RICHMOND PARK DR.,N. APT #1511 Jacksonville FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01

Date

904 779 7404

Daytime Phone #

045817

CR2E034 (10/00)