

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079660

1. Entity Name
REPTILE OF NORTH FLORIDA, INC.

Principal Place of Business
13703 RICHMOND PARK DR N
APT 1511
JACKSONVILLE FL 32224

Mailing Address
13703 RICHMOND PARK DR N
APT 1511
JACKSONVILLE FL 32224

2. Principal Place of Business
8134 SABLEWOODS DR N
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 24630
Suite, Apt. #, etc.

City & State
JAX FL
Zip
32244

Country

City & State
JACKSONVILLE FL
Zip
32241

Country

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
13703 RICHMOND PARK DRIVE N
APT 1511
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name
CRAIG SPERANZI
Street Address (P.O. Box Number is Not Acceptable)
8134 SABLEWOODS DR N
City JACKSONVILLE FL Zip Code 32244

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 CRAIG SPERANZI PRES. DATE 07 JAN 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 13703 RICHMOND PARK DR. N. APT #1511 JACKSONVILLE FL 32224	<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
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 8134 SABLEWOODS DR N JACKSONVILLE, FL 32244	<input checked="" 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: CRAIG SPERANZI

DATE 07 JAN 02

DAYTIME PHONE # 904 779 7404

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90013 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)