

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000101225

1. Entity Name

SABITTONI & CO., INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90033 030 \*\*\*150.00

Principal Place of Business

Mailing Address

4701 INDIAN RIVER DRIVE  
FORT PIERCE FL 34982

4701 INDIAN RIVER DRIVE  
FORT PIERCE FL 34982-7769

ok.

ok.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

ANGELL CORPORATE SERVICES, INC.  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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 reinstalling)

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  
D  
SABITTONI, PIERRE-ANDRE  
4701 INDIAN RIVER DRIVE  
FORT PIERCE FL 34982 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SABITTONI, RACHEL A.~~  
~~4701 INDIAN RIVER DRIVE~~  
~~FORT PIERCE FL 34982~~ ☒ Delete

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ 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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

P.A. Sabittoni

1/6/00

Date

561/464 3841

Daytime Phone #

CR2E034 (9/99)