

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108978

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90012 017 ***150.00

1. Entity Name
RESIDENCE AMERICA ONLINE, INC.

Principal Place of Business 160 CARICA ROAD FL 34108	Mailing Address 160 CARICA ROAD NAPLES FL 34108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5100 Tamiami Trail N Suite, Apt. #, etc. 243 Naples, FL. Zip 34103	Country Collier	3. Mailing Address 5100 Tamiami Trail N Suite, Apt. #, etc. 143 Naples, FL. Zip 34103	Country Collier
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4. FEI Number 59-3614112	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 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 _____ (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	
TITLE PD	<input type="checkbox"/> Delete
NAME RICCARDELLI, PETER	
STREET ADDRESS 160 CARICA ROAD	
CITY-ST-ZIP NAPLES FL 34108	
TITLE CEOD	<input type="checkbox"/> Delete
NAME NAPOLEON, VINCENT	
STREET ADDRESS 160 CARICA ROAD	
CITY-ST-ZIP NAPLES FL 34108	
TITLE SD	<input type="checkbox"/> Delete
NAME MCNELLIS, JAMES H	
STREET ADDRESS 160 CARICA ROAD	
CITY-ST-ZIP NAPLES FL 34108	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME NAPOLEON, RENEE S	
STREET ADDRESS 160 CARICA ROAD	
CITY-ST-ZIP NAPLES FL 34108	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Peter Riccardelli Peter Riccardelli Date: 4/13/00 Daytime Phone #: 941-434-5599

CR2E034 (9/99)