500742 AV

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000110804 1. Entity Name VEGA, BROWN, STANLEY & BURKE, P.A.				Secretary of State 02-13-2002 90210 020 ***150.00				
Principal Place of Business 2660 AIRPORT ROAD SOUTH NAPLES FL 34112		Mailing Address 2660 AIRPORT ROAD SOUTH NAPLES FL 34112						
2. Principal Place of Business		3. Mailing Address			INTIA INTII ANTII NAITE ANTAE ITAAL	i itain esist isiin i	HULIN UHUT 1881	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	FEI Number 59-3613789 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. Name and Add	ress of New Registered	Agent	•	
A=440 =34		- · · -	Name_	-				
STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES I	FL 34112		City		FL	Zip Code		
	e named entity submits this statement for t					<u>- </u>		
			! FEE IS \$150.00 2 Fee will be \$550.00 e to Department of S	Trust Fu	Campaign Financing and Contribution.		O May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEGA, GEORGE JR 2660 AIRPORT RD SOUTH NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, THOMAS R 2660 AIRPORT RD SOUTH NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STANELY, JOHN 2660 AIRPORT ROAD SOUTH NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURTLE, CONSTANCE M 2660 AIRPORT RD SOUTH NAPLES FL 34112	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	ue and accurate and that m ered to execute this report a	v signature shall have th	e same legal effect as if	f made under oath: that I a	am an officer o	or director	