

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38411

1. Entity Name

AUGUSTO'S LOT CENTER, INC.

Principal Place of Business

10839 SEA CORAL CT
BONITA SPRINGS FL 34135
US

Mailing Address

P.O. BOX 420294
NAPLES FL 34110

P.O. BOX 110294
NAPLES, FL 34108

2. Principal Place of Business

3. Mailing Address

P.O. BOX 110294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL.

4. FEI Number

65-0248796

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

COLLIER

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

DEDOMINICIS, AUGUSTO
1214 ALBEMARLE CIRCLE
LEHIGH ACRES FL 33936

10839 SEA CORAL CT
BONITA SPRINGS FL
34135

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 reinstating)

DATE

4/10/00

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 ☐ Delete
NAME DEDOMINICIS, AUGUSTO
STREET ADDRESS 10839 SEA CORAL CT
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE ☐ Delete
NAME DEDOMINICIS, GIOVANNA
STREET ADDRESS 10839 SEA CORAL CT
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 010 ***150.00



DO NOT WRITE IN THIS SPACE