

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90087 036 ***750.00

DOCUMENT # V30737

1. Entity Name
GARGIULO LANDCO, INC.

Principal Place of Business

649 5TH SO
 STE #221
 NAPLES FL 34102
 US

Mailing Address

649 5TH AVE SO.
 STE #221
 NAPLES FL 34102
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 Elkcam Circle
 Suite, Apt. #, etc.
 B116

3. Mailing Address

601 Elkcam Circle
 Suite, Apt. #, etc.
 B116

City & State
 Marco Island, FL

City & State
 Marco Island, FL

4. FEI Number **65-0335810**

Applied For

Not Applicable

Zip **34145**

Country **USA**

Zip **34145**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARGIULO JEFFREY D
 1442 GALLEON DRIVE
 NAPLES FL 34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D**
 STREET ADDRESS **GARGIULO, DEWEY R**
 CITY-ST-ZIP **649 5TH AVE SO. #221**
NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 Elkcam Circle, Suite B116**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARGIULO, JEFFREY D.**
 CITY-ST-ZIP **649 5TH AVENUE S. #221**
NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 Elkcam Circle, Suite B116**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARGIULO, JOHN**
 CITY-ST-ZIP **649 5TH AVENUE S. #221**
NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 Elkcam Circle, Suite B116**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GARGIULO, LISA M**
 CITY-ST-ZIP **649 5TH AVE SO. #221**
NAPLES FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 Elkcam Circle, Suite B116**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

239-389-0403

Date

Daytime Phone #

CR2E034 (4/02)