2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State
04-14-2003 90340 024 ***150.00

DOCUMENT # V30737

1. Entity Name
GARGIULO LANDCO, INC.

Principal Place of Business	Mailing Address
601 ELKCAM CIRCLE B16 MARCO ISLAND FL 34145 US	601 ELKCAM CIRCLE B16 MARCO ISLAND FL 34145 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6216 TRAIL BLVD. N	6216 TRAIL BLVD. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL 34108	City & State: NAPLES, FL 34108
Zip / Country	Zip / Country

4. FEI Number 65-0335810 ☐ Applied For ☐ Not Applicable

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
GARGIULO JEFFREY D 1442 GALLEON DRIVE NAPLES FL 34102	Name: GARGIULO, LISA M. Street Address (P.O. Box Number is Not Acceptable): 2480 TREASURE LANE City: NAPLES FL Zip Code: 34102

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 _____ 4-[illegible]-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARGIULO, DEWEY R 601 ELKCAM CIRCLE STE. B16 MARCO ISLAND FL 34145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARGIULO, DEWEY R 6216 TTRAIL BLVD. N NAPLES, FL 34108 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARGIULO, JEFFREY D. 601 ELKCAM CIRCLE STE. B16 MARCO ISLAND FL 34145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARGIULO, JEFFREY D. 6216 TRAIL BLVD. N NAPLES, FL 34108 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARGIULO, JOHN 601 ELKCAM CIRCLE STE. B16 MARCO ISLAND FL 34145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARGIULO, JOHN 6216 TRAIL BLVD. N NAPLES, FL 34108 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARGIULO, LISA M 601 ELKCAM CIRCLE STE. B16 MARCO ISLAND FL 34145 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARGIULO, LISA M. 6216 TRAIL BLVD. N NAPLES, FL 34108 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/[illegible]/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #