

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49505

1. Entity Name

D'ANGELO REALTY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90109 048 ***150.00

Principal Place of Business

Mailing Address

~~4700 GOLDEN GATE PARKWAY~~
~~NAPLES FL 34116~~
~~US~~

~~4700 GOLDEN GATE PARKWAY~~
~~NAPLES FL 34116-6902~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1400 Bluepoint Ave
 Suite, Apt. #, etc.
 #207

1400 Bluepoint Ave
 Suite, Apt. #, etc.
 #207

City & State
 Naples, FL

City & State
 Naples FL

Zip
 34102

Country
 US

4. FEI Number 65-0360626

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

D'ANGELO, ANNETTE
 1400 BLUEPOINT AVE
 #207
 NAPLES FL 34102

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

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	P	<input type="checkbox"/> Delete
NAME	D'ANGELO, ANNETTE	
STREET ADDRESS	1400 BLUEPOINT AVE #207	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Annette D'Angelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000
 Date

941-775-5014
 Daytime Phone #

ANNETTE D'ANGELO