

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 168174

1. Entity Name

NAPLES MILLWORK & FIXTURE CO., INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90159 002 ***150.00

Principal Place of Business

Mailing Address

959 FIRST AVENUE SOUTH
NAPLES FL 34102-6285

959 FIRST AVENUE SOUTH
NAPLES FL 34102-6210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0667832

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

FRANK, DAVID
2471 KINGS LAKE BLVD
NAPLES FL 34112

NEW
ADDRESS

Name

DAVID FRANK

Street Address (P.O. Box Number is Not Acceptable)

500 MUREX DRIVE

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.

SIGNATURE

David Frank

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

WE, FRANK J
4521 7TH AVE SW
NAPLES FL 34119

TITLE ☒ Change ☐ Addition

2950 COACH HOUSE LANE
NAPLES, FL 34105

TITLE ☐ Delete

FRANK, DAVID
2471 KINGS LAKE BLVD
NAPLES FL 34112

TITLE ☒ Change ☐ Addition

500 MUREX DRIVE
NAPLES, FL 34102

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 the
indicated on this report or supplemental report is true and accurate and that my signature shall have the effect
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190,
changed, or on an attachment with an address with all other like empowered.

in 119.07(3)(i), Florida Statutes. I further certify that the information
is legal effect as if made under oath; that I am an officer or director
Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)