

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91486 004 ***150.00

DOCUMENT # 168174

1. Entity Name
NAPLES MILLWORK & FIXTURE CO., INC.



Principal Place of Business
**959 FIRST AVENUE SOUTH
NAPLES FL 34102-6285**

Mailing Address
**959 FIRST AVENUE SOUTH
NAPLES FL 34102-6285**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANK, DAVID
2471 KINGS LAKE BLVD
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **DAVID FRANK**
Street Address (P.O. Box Number is Not Acceptable)
2338 QUEENS WAY
Naples
City **FL** Zip Code **34112**

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

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

TITLE **P** ☐ Delete
NAME **WE, FRANK J**
STREET ADDRESS **4521 7TH AVE SW**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **ST** ☐ Delete
NAME **FRANK, DAVID**
STREET ADDRESS **2471 KINGS LAKE BLVD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **WE Frank, Jr.**
STREET ADDRESS **2950 Coach House Lane**
CITY-ST-ZIP **Naples FL 34105**

TITLE **ST** ☒ Change ☐ Addition
NAME **DAVID FRANK**
STREET ADDRESS **2338 QUEENS WAY**
CITY-ST-ZIP **Naples FL 34112**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #