

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90059 026 ***150.00

0496761 AV

DOCUMENT # 645558

1. Entity Name
H.S. DEVELOPMENTS (NAPLES), INC.

Principal Place of Business 4301 GULF SHORE BLVD. NORTH UNIT 802 NAPLES FL 34103	Mailing Address 4301 GULF SHORE BLVD. NORTH UNIT 802 NAPLES FL 34103
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1970634**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STARMAN, SHELDON
 4099 TAMIAMI TRAIL N, SUITE 400
 NAPLES FL 34103**

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SOUPCOFF, HAROLD 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SOUPCOFF, HAROLD 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO CD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* Date: 1/14/2002 Daytime Phone # _____

CR2E034 (9/01)

WALTER R. ROGERS, CPA
1923 - 1996
RONALD A. WOOD, CPA
JOHN R. HILL, CPA
SHELDON W. STARMAN, CPA
RONALD W. GUSTASON, CPA
THOMAS E. BOERIO, CPA

Attachment

300475



645558
Rogers Wood Hill Starman & Gustason

PROFESSIONAL ASSOCIATION
Certified Public Accountants

Please reply to:
 Naples
 Marco Island

January 14, 2002

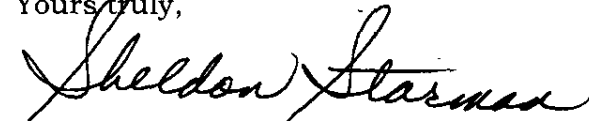
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: H. S. Developments (Naples), Inc.
FEIN: 59-1970634

Gentlemen:

Enclosed please find 2002 Uniform Business Report (UBR), along with payment in the amount of \$150.00.

Yours truly,


Sheldon Starman, CPA

SWS/lp

Enclosures