

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90146 019 ***150.00

DOCUMENT # H21965	
1. Entity Name STUDIO 8 OF NAPLES, INC.	

Principal Place of Business 895 TURTLE COURT NAPLES, FL 34108	Mailing Address 895 TURTLE COURT NAPLES, FL 34108
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2. Principal Place of Business 1313 Turner Place Suite, Apt. #, etc.	3. Mailing Address 1313 Turner Place Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL
Zip 34110	Zip 34110
Country Collier	Country Collier

6. Name and Address of Current Registered Agent JASSY, KAREN 895 TURTLE COURT NAPLES, FL 34108	
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4. FEI Number 59-2447192	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1313 Turner Place City Naples FL Zip Code 34110	
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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 *Karen Kelly Jassy* **Karen Kelly Jassy, Pres.** **4/9/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when dissolving) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASSY, KAREN KELLY 895 TURTLE COURT NAPLES, FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JASSY, KAREN KELLY 895 TURTLE COURT NAPLES, FL 34108 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 1313 Turner Place Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 1313 Turner Place Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

