

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90149 013 ***150.00

DOCUMENT # J42154

1. Entity Name

ESL OF NAPLES, INC.

Principal Place of Business

32 TURQUOISE AVE
 NAPLES FL 34114
 US

Mailing Address

P.O. BOX 990688
 NAPLES FL 34116
 US

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

59-2742005

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

CARTER, PATSY
 4814 32ND AVE SW
 NAPLES FL 34116

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, 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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | STALLARD, RICHARD | |
| STREET ADDRESS | 202 SOUTH EDGE WOOD ROAD | |
| CITY-ST-ZIP | MOUNT VERNON OH 43050 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HILL, ROBERT L | |
| STREET ADDRESS | 1830 4TH ST. SOUTH | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STALLARD, RICHARD | |
| STREET ADDRESS | 202 SOUTH EDGE WOOD ROAD | |
| CITY-ST-ZIP | MOUNT VERNON OH 43050 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STALLARD, ANN | |
| STREET ADDRESS | 1231 FAIRVIEW RD. NE | |
| CITY-ST-ZIP | ATLANTA GA 30308 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | JACKSON, CHARLES | |
| STREET ADDRESS | P.O. BOX 5164 | |
| CITY-ST-ZIP | OVELLA TX 75154 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)