

10f2

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54582

1. Entity Name  
**P AND N ENTERPRISES OF NAPLES, INC.**



FILED  
00 AUG 28 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
13156 WHITE VIOLET DR  
NAPLES FL 34116  
US

Mailing Address  
13156 WHITE VIOLET DR  
NAPLES FL 34116  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0175436**

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

**SEIDENSTICKER, WAYDE  
2150 GOODLETTE ROAD  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSBORNE, NOEL R.</b>	
STREET ADDRESS	<b>13156 WHITE VIOLET DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34116</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>300003384613-7</b>
CITY-ST-ZIP	<b>-09/07/00--01004-0000</b>
	<b>****150.00 ****150.00</b>
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	

CP 1500

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/2/00** **828-885-2354**  
Date Daytime Phone #

**KE**

DOC # L54582

8/2/00 2082

19292

To Whom It May Concern

Please be advised that this is the first notice I have received and therefore do not feel I am responsible for a late fee of any type.

Since I have been at this address since early in the year, it is possible that the initial return was not forwarded to me.

Maui R. Alan

820-885-2354