2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00000116422 04-04-2001 90022 002 ***150.00 NEDELK CARPENTRY, INC. Principal Place of Business Mailing Address 1495 RAILHEAD BLVD., UNIT 5 1495 RAILHEAD BLVD., UNIT 5 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 1076 BUSINESS LANE 1076 BUSINESS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>516.</u> 4 Ste City & State City & State 4. FEI Number Applied For NAPLES NAPLES 65-1062684 Not Applicable 34110 Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Course COLLIER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITKIN, JERALD R ESQ Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DR., #203 NAPLES FL 34103 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition CR2E034 (10/00) TITLE 🖼 Delete TITLE **DPST** DPST JOHN J. NEDECK NAME NAME NEDELK, JOHN J 1076 BUSINESS LANE #4 STREET ADDRESS STREET ADDRESS 1495 RAILHEAD BLVD., UNIT 5 NAPLES . FL CITY-ST-ZIP CITY-ST-ZIP 34110 NAPLES FL 34110 ☐ Chance ☐ Addition TITLE Delets TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-2IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 pit officer the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

FILED