

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90383 042 \*\*\*150.00

0639620 AV

**DOCUMENT # P00000116422**



1. Entity Name  
**NEDELK CARPENTRY, INC.**

Principal Place of Business  
**1076 BUSINESS LANE  
STE 4  
NAPLES FL 34110**

Mailing Address  
**1076 BUSINESS LANE  
STE 4  
NAPLES FL 34110**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
3. Mailing Address  
**2338 IMMOKALEE RD.**

Suite, Apt. #, etc.  
**#145**

City & State  
**NAPLES**

4. FEI Number **65-1062684**  
Applied For  
 Not Applicable

Zip Country  
**34110-1445 USA**

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

**PITKIN, JERALD R ESQ  
801 ANCHOR RODE DR., #203  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT NEDELK, JOHN J 1076 BUSINESS LANE # 4 NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT NEDELK, John J. 506 CORBEL DR. NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NEDELK, PAMELA K 1076 BUSINESS LANE # 4 NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NEDELK, PAMELA K 506 CORBEL DR. NAPLES, FL 34110</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** John J. Nedelk, Pres. **4/21/03** **239-594-2163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)