

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90053 004 ***150.00

SECRET
 AV

DOCUMENT # P01000085971

1. Entity Name
PATIO PEOPLE OF NAPLES, INC.

Principal Place of Business 8231 PARKSTONE PLACE APT 208 NAPLES FL 34120	Mailing Address 8231 PARKSTONE PLACE APT 208 NAPLES FL 34120
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4562 TAMiami TRAIL N. Suite, Apt. #, etc.	3. Mailing Address 4562 TAMiami TRAIL N. Suite, Apt. #, etc.
City & State NAPLES FL	City & State NAPLES FL

Zip 34103	Country	Zip 34103	Country
---------------------	---------	---------------------	---------

4. FEI Number 59373 8340.	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WHITE, JOHN P~~
~~8431 PINE RIDGE ROAD SUITE 101~~
~~NAPLES FL 34109~~

7. Name and Address of New Registered Agent

Name **PAUL A. JOBLING**

Street Address (P.O. Box Number is Not Acceptable)
4562 TAMiami TR N.

City **NAPLES FL** Zip Code **34103**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *PAUL A. JOBLING* DATE 3/11/2002

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D JOBLING, PAUL A 8231 PARKSTONE PLACE APT 208 NAPLES FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOBLING, ELAINE G 8231 PARKSTONE PLACE APT 208 NAPLES FL 34120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *PAUL A. JOBLING* DATE 3/11/2002 DAYTIME PHONE # 354-2580

SIGNATURE REQUIRED
PAUL A. JOBLING PRES

CR2E034 (9/01)