

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90064 041 ***150.00

CS950103

DOCUMENT # P95000076872

1. Entity Name
COTTON, WOOD & SILKS, INC.

Principal Place of Business

**441 10TH STREET N
 NAPLES FL 34102
 US**

Mailing Address

**164 ST. JAMES WAY
 NAPLES FL 34104**

2. Principal Place of Business

164 ST. JAMES WAY

3. Mailing Address

164 ST. JAMES WAY

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34104

Country

COLLIER

Zip

34104

Country

COLLIER

6. Name and Address of Current Registered Agent

**RAMSEY, SANDY L
 164 ST. JAMES WAY
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number **65-0609188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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, 2001 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 **P** ☒ Delete
 NAME **RAMSEY, SANDY L**
 STREET ADDRESS **1335 ROYAL PALM DR**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **RAMSEY, SANDY L**
 STREET ADDRESS **164 ST. JAMES WAY**
 CITY-ST-ZIP **NAPLES, FL. 34104**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Sandra L. Ramsey

04-03-01

941-261-8784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L Ramsey

Date

Daytime Phone #

CR2E034 (10/00)