

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0502660  
 AV

**DOCUMENT # P96000067731**  
 1. Entity Name  
**NOLIA INVESTMENTS, INC.**

03-29-2002 90823 041 \*\*\*150.00

Principal Place of Business      Mailing Address  
**2500 AIRPORT ROAD SOUTH**      **2500 AIRPORT ROAD SOUTH**  
**STE 311**      **STE 311**  
**NAPLES FL 34112**      **NAPLES FL 34112**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0686597**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**RIDDLE, MELINDA P**  
**2500 AIRPORT RD S.**  
**STE 311**  
**NAPLES FL 34112**

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

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, 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	<b>PSDT</b> <b>RIDDLE, MELINDA P</b> <b>2500 AIRPORT RD. S. #311</b> <b>NAPLES FL 34112</b> <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	<b>PVSTD</b> <b>RIDDLE, MELINDA P.</b> <b>2500 AIRPORT ROAD SOUTH, #311</b> <b>NAPLES, FL 34112</b> <input checked="" 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:** SIGNATURE REQUIRED      **3/18/02**      **239-530-2420**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000067731**

1. Filing Name  
**NOLIA INVESTMENTS, INC.**

*Attachment*  
*6/14/01*

Principal Place of Business  
**2500 AIRPORT ROAD SOUTH  
STE 311  
NAPLES FL 34112**

Mailing Address  
**2500 AIRPORT ROAD SOUTH  
STE 311  
NAPLES FL 34112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0686597**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIDDLE, MELINDA P  
2500 AIRPORT RD S.  
STE 311  
NAPLES FL 34112**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when joint return)

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 <b>DVPT</b>	<input type="checkbox"/> Delete
NAME <b>RIDDLE, MELINDA P</b>	
STREET ADDRESS <b>2500 AIRPORT RD. S. #311</b>	
CITY-STATE-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>PS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ALAIMO, JOSEPHINE</b>	
STREET ADDRESS <b>2500 AIRPORT RD. S. #311</b>	
CITY-STATE-ZIP <b>NAPLES FL 34112</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE <b>PSDVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME <b>Riddle, Melinda P.</b>	
STREET ADDRESS <b>2500 Airport Road South Ste 311</b>	
CITY-STATE-ZIP <b>Naples, FL 34112</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-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 the 1-11 or 13-1-13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. P. Rain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-6-01*

Date

**Melinda Paniagua Riddle**

Attorney at Law

ADMITTED IN FLORIDA AND INDIANA

2500 Airport Road South, Suite 311, Naples, Florida 34112

Phone: (941) 530-2420 - Fax: (941) 530-2423

email: mpriddle@peganet.com

*Attachment*

March 18, 2002

*REG 000067731/611459  
60*

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Nolia Investments, Inc.

Dear Madam/Sir:

Enclosed is the 2002 UBR for the above referenced corporation. Please note that several changes were requested on last year's report (copy attached for your reference), but they were not made correctly.

It is extremely important that you list the titles properly. If you have any questions, please do not hesitate to contact me.

Sincerely,

*Melinda P. Riddle*

Melinda P. Riddle

MPR:wkp  
Enclosures  
cc: Client

*[Faint, illegible text at the bottom of the page]*