2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

SIGNATURE:

with all other like empowered

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2002 8:00 am P97000028089 DOCUMENT # **Secretary of State** 1. Entity Name DEL MAR DEVELOPMENT OF NAPLES, INC. 03-19-2002 90031 047 ***150.00 Principal Place of Business Mailing Address 4501 TAMIAMI TRAIL NORTH STE 300 4501 TAMIAMI TRAIL NORTH STE 300 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2321399 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALONEY. THOMAS E Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH STE 300 NAPLES FL 34103 Zip Code FL 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, 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 After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPST** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAGY, JOHN R NAME 23415 STONERIDGE DR NORTH 16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAKESHA WI 53188 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NORMAN, L.R. NAME NAME 23415 STONERIDGE DR. NORTH 16 STREET ADDRESS STREET ADDRESS WAUKESHA, WI 53188 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CUY-SI-7IP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

414-290-9000

Daytime Phone #

1/29/2002

L.R. Norman