

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90340 013 \*\*\*158.50

**DOCUMENT # P97000045896**

1. Entity Name  
**INNOVATIVE DEVELOPERS OF NAPLES, INC.**

Principal Place of Business 5710 12TH AVENUE SOUTH WEST NAPLES FL 34116	Mailing Address 5710 12TH AVENUE SOUTH WEST NAPLES FL 34116
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2. Principal Place of Business <b>5710 12th AVE S.W</b>	3. Mailing Address <b>5710 12th AVE S.W</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Naples FL</b>	City & State <b>Naples FL</b>	4. FEI Number <b>65-0756186</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34116</b>	Country <b>U.S.A</b>	Zip <b>34116</b>	Country <b>U.S.A</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>ALICE, MEIR 5710 12TH AVENUE SOUTH WEST NAPLES FL 34116</b>	7. Name and Address of New Registered Agent Name <b>MEIR ALICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5710 12th Avn S.W</b> City <b>Naples</b> FL Zip Code <b>34116</b>
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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 *meir Alice* (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALICE, MEIR</b>		NAME	
STREET ADDRESS <b>5710 12TH AVENUE SOUTH WEST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 34116</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *meir Alice* **MEIR ALICE** 1/30/01 (941)354-0576  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)