

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90108 044 \*\*\*158.75

SECRET  
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DOCUMENT # **P97000045896**



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

**5710 12<sup>th</sup> AVE S.W**

Principal Place of Business  
**5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116**

Mailing Address  
**5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116**



2. Principal Place of Business

3. Mailing Address  
**5710 12<sup>th</sup> AVE S.W**

Suite, Apt. #, etc.

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CHECK HERE IF MAKING CHANGES

City & State  
**Naples FL.**

City & State  
**Naples FL.**

4. FEI Number **65-0756186**

Applied For  
 Not Applicable

Zip **34116** Country **U.S.A**

Zip **34116** Country **U.S.A**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALICE, MEIR  
5710 12TH AVENUE SOUTH WEST  
NAPLES FL 34116**

Name **MEIR ALICE**  
Street Address (P.O. Box Number is Not Acceptable)  
**5710 12<sup>th</sup> AVE S.W**  
City **Naples** FL Zip Code **34116**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alice Meir*

**11/8/03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ALICE, MEIR	5710 12TH AVENUE SOUTH WEST	NAPLES FL 34116	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice Meir* **ALICE MEIR**

**1/8/02** **(239) 354-0596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)