

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109536

1. Entity Name
NAPLES ROLFING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90008 043 ***150.00

Principal Place of Business 810 ANCHOR RODE DR. NAPLES FL 34103	Mailing Address 810 ANCHOR RODE DR. NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 758-94 Ave N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples FL	
Zip	Country	Zip 34108	Country

4. FEI Number 59-3625134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMAMI TR. N., STE. 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name- **Kristen Bailey**

Street Address (P.O. Box Number is Not Acceptable)
758 94 Ave N

City **Naples** FL Zip Code **34108**

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 *K Bailey* DATE 3-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D	<input type="checkbox"/> Delete
NAME BAILEY, KRISTEN M	
STREET ADDRESS 810 ANCHOR RODE DR.	
CITY-ST-ZIP NAPLES FL 34103	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Kristen Bailey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 758 94 Ave N	
STREET ADDRESS Naples, FL 34108	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *K Bailey* DATE 3-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/99)