

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90070 008 ***150.00

DOCUMENT # P99000109536

1. Entity Name

NAPLES ROLFING, INC.

Principal Place of Business

**810 ANCHOR RODE DR.
 NAPLES FL 34103**

Mailing Address

**758 94 AVE N
 NAPLES FL 34108**

00032943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

958 2ND AVE. No.
 Suite, Apt. #, etc.

3. Mailing Address

620 94th Avenue No.
 Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Naples, FL

4. FEI Number

59-3625134

Applied For

Not Applicable

Zip

34102

Country

Zip

34108

Country

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

**BAILEY, KRISTEN
 758 94 AVE N
 NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

620 94th Avenue No.

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 *Kristen M Bailey*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-4-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BAILEY, KRISTEN M	810 ANCHOR RODE DR.	NAPLES FL 34103	<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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		620 94th AVENUE NORTH	NAPLES, FL 34108	<input checked="" 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"/>

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: *Kristen M Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

DATE

941 821 3308

DAYTIME PHONE #

CR2E034 (10/00)