2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042691

1. Entity Name

R S I CONSTRUCTION OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~10851 GULF SHORE DRIVE, UNIT 702~~ NAPLES FL 34108	~~10851 GULF SHORE DRIVE, UNIT 702~~ NAPLES FL 34108-3001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8111 Bay Colony Drive	8111 Bay Colony Drive
Suite, Apt. #, etc. #1002	Suite, Apt. #, etc. #1002
City & State: Naples, FL	City & State: Naples, FL
Zip 34108 / Country USA	Zip 34108 / Country USA

4. FEI Number 65-0763234 — Applied For / Not Applicable

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
BALISTRERI, FRANK ~~10851 GULF SHORE DRIVE, UNIT 702~~ NAPLES FL 34108	Name: Frank Balistreri Street Address (P.O. Box Number is Not Acceptable): 8111 Bay Colony DRive #1002 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 _Frank Balistreri_ Frank Balistreri 1-22-2000

Signature, typed or printed name of registered agent and title if applicable. (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BALISTRERI, FRANK STREET ADDRESS 10851 GULF SHORE DRIVE, UNIT 702 CITY-ST-ZIP NAPLES FL 34108	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Balistreri, Frank 8111 Bay Colony Drive, Unit 1002 Naples, FL 34108	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Frank Balistreri_ Frank Balistreri 1-22-2000 (941) 513-9941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #