20Ó2	UNIFORM	BUSINESS	DEDART	/IIDD
	Oldar Ollini	DO3INE33	NEPUNI	(UDK)

DOCUMENT # 592315 1. Entity Name NAPLETON'S NORTHLAKE NISSAN, INC.					FILED 02 OCT -4 PM 12: 54					
AL DALLA DELOU EL AGUAD		Mailing Address 572 NORTHLAKE BLVD N. PALM BEACH FL 3340	ILAKE BLVD		SECRETARY OF STATE TALLAFIASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address			-	***						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Number 59-1863444 Applied For						
Zip	Country	Zip	Country	,	5. C	ertificate of Status Desired	□ \$8.75 A	lot Applicable		
	6. Name and Address of Current	I Registered Agent	<u> </u>		7. Na	ame and Address of New Reg	Fee Requi	ed		
THOMPSON, DOUGLAS E 1280 NORTH CONGRESS AVE SUITE 109				Name Street Address (x Number is Not Acceptable)	atered Agent			
WEST PALM BEACH FL 33409			-	City			FL Zip Co	de		
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 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!!! After September 13, 2 Make Check Payable			, 2002 Fee	e will be \$750.	00 te	Election Campaign Financ Trust Fund Contribution.		00 May Be d to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PSTD NAPLETON, EDWARD F 572 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408	DIRECTORS Delete	12. TITLE NAME STREET A CITY-ST-		ADD	5000823 50000823 -10/09/02 ****150.		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	1	•		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby ce	ertify that the information supplied with th	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ZIP			☐ Change	Addition		

Thereby 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 eath; that I am an officer or director of 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 the same report of the receiver of trustee empowered.

GNATURE:

GNATURE:

SIGNATURE AND TYPE OF PRIVED AND TYPE OF

SIGNATURE: LEGISLE & Clarker Controll



SEPTEMBER 30, 2002

DEPARTMENT OF STATE P.O. BOX 6327 TALLAHASSEE,FL. 32314

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND OUR CHECK FOR OUR UBR REPORT FOR THE YEAR 2002.

WE DID NOT RECEIVE THE ORIGINAL APPPLICATION IN FEBRUARY AND CONSEQUENTLY, DID NOT PAY OUR FEE WHEN IT WAS DUE.

WE REQUEST THAT YOU CONSIDER WAIVING THE ADDITIONAL PENALTIES ON THIS REPORT .

I AM THE NEW CONTROLLER AND ALSO NEW IN THE STATE OF FLORIDA, I FOUND THIS REPORT IN A FOLDER, BUT COULD NOT FIND THE ORIGINAL APPLICATION THAT WAS SENT EARLIER THIS YEAR AND PAYABLE BY JUNE.

AWAITING YOUR REPLY AND I THANK YOU FOR YOUR CONSIDERATION ON THIS PRESSING MATTER.

SINCEDRELY;

HUGUETTE F.CURTISS

CONTROLLER

DRIVEN.