

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State
 08-24-2001 90043 038 ***150.00

0086374 AV

DOCUMENT # 646209

1. Entity Name

DESIGN/KITCHENS OF NAPLES, INC.

Principal Place of Business

**1673 PINE RIDGE RD.
 NAPLES FL 33942**

Mailing Address

**1673 PINE RIDGE RD.
 NAPLES FL 33942**

80082563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1953863**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KEITT, JOHN K.
 1673 PINE RIDGE ROAD
 NAPLES FL 33942**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **KEITT, JOHN K.**
 STREET ADDRESS **1673 PINE RIDGE RD.**
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete
 NAME **KEITT, NANCY M.**
 STREET ADDRESS **1673 PINE RIDGE RD**
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete
 NAME **KEITT, REG M.**
 STREET ADDRESS **1673 Pine Ridge**
 CITY-ST-ZIP **Naples FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition
 NAME **KEITT REG M.**
 STREET ADDRESS **1673 Pine Ridge**
 CITY-ST-ZIP **Naples FL 34109**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/01 941-597-2121
 Date Daytime Phone #

CR2E034 (5/01)