

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90023 028 ***158.75

DOCUMENT # 649458

1. Entity Name
RH OF NAPLES, INC.

Principal Place of Business

**4500 EXECUTIVE DR
 STE 300
 NAPLES FL 34119
 US**

Mailing Address

**4500 EXECUTIVE DR
 STE 300
 NAPLES FL 34119
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5672 STRAND CT.

3. Mailing Address

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number **59-2153118**

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, JANET
 4500 EXECUTIVE DR.
 STE. 300
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name **JANET KELLY**
 Street Address (P.O. Box Number is Not Acceptable) **5672 STRAND CT.**
SUITE #1
 City **NAPLES** FL Zip Code **34110**

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 JANET KELLY TREASURER DATE 3/6/01
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, 2001 Fee will be \$350.00
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	PD HARDY, ROBERT S 13056 PONDAPPLE DR.W. NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, ROBERT S. 5692 STRAND CT. # 3 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDY, PAUL 5780 24TH AVE. NW NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDY, PAUL 5692 STRAND CT #1 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 4500 EXECUTIVE DR., STE. 300 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 5672 STRAND CT #1 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JANET KELLY TREASURER DATE 3/6/01 (941) 597-9888
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)