## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # 649458 1. Entity Name 03-26-2002 90094 025 \*\*\*158 RH OF NAPLES, INC. Principal Place of Business Mailing Address 5672 STRAND CT 5672 STRAND CT STE 1 STF 1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2153118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT STE 1 NAPLES FL 34110 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition ☐ Delete TITLE Change TITLE HARDY, ROBERT S NAME NAME 5692 STRAND CT #3 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP **VPD** ☐ Change ☐ Addition TITLE Delete TITLE NAME HARDY, PAUL NAME STREET ADDRESS 5692 STRAND CT #1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ST ☐ Delete Change ☐ Addition TITLE TITLE NAME KELLY, JANET NAME STREET ADDRESS 5672 STRAND CT #1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**