

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22444**

1. Entity Name

CONTINENTAL SOAP'S LTD.

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4JH

Principal Place of Business

P.O. BOX 10
NAPLES FL 34106

Mailing Address

P.O. BOX 10
NAPLES FL 34106

2. Principal Place of Business

P.O. Box 930
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 930
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2682616

Applied For

Not Applicable

Zip

Country

34106-0930

USA

Zip

Country

34106-0930

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRADY, THOMAS R.
720 5TH AVE. S.
STE. 200
NAPLES FL 34102

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. Capital Contributions
as Shown on record.

\$250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **J14239**
NAME **CONTINENTAL SOAP'S INC.**
STREET ADDRESS **3411 TAMiami TR. N., #200**
CITY-ST-ZIP **NAPLES FL**

DOCUMENT # **J16307**
NAME **CONTINENTAL PROGRAMS INC**
STREET ADDRESS **3411 TAMiami TR. N., #200**
CITY-ST-ZIP **NAPLES FL**

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)