

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90862 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F92000000797

1. Entity Name
NAPLES CAPITAL CORPORATION

Principal Place of Business 4500 EXECUTIVE DRIVE 110 NAPLES FL 34119 US	Mailing Address 4500 EXECUTIVE DRIVE 110 NAPLES FL 34119-8907 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0363955** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PVT	<input type="checkbox"/> Delete	TITLE BROWN, THOMAS G.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, THOMAS G.		NAME BROWN, THOMAS G.	
STREET ADDRESS 4500 EXECUTIVE DR, STE 110		STREET ADDRESS 4500 EXECUTIVE DR, STE 110	
CITY-ST-ZIP NAPLES FL 34119		CITY-ST-ZIP NAPLES FL 34119	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE PIIPPONEN, JEFFREY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIIPPONEN, JEFFREY		NAME PIIPPONEN, JEFFREY	
STREET ADDRESS 6782 MILL RUN CIRCLE		STREET ADDRESS 6782 MILL RUN CIRCLE	
CITY-ST-ZIP NAPLES FL 34109		CITY-ST-ZIP NAPLES FL 34109	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empower...

SIGNATURE: William N. Mitchell Date: 04-27-00 Daytime Phone #: 941.594.0100

CR2E034 (9/99)