

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
 09-13-2001 90003 005 ***550.00

0086478 AV

DOCUMENT # F95000004095
 1. Entity Name
BRET ENTERPRISES OF NAPLES, INC.

Principal Place of Business Mailing Address
 C/O CREATIVE IMAGES C/O CREATIVE IMAGES
 1400 GULF SHORE BLVD. #111 1250 9th St N. 1400 GULF SHORE BLVD. #111 1250 9th St N.
 NAPLES FL 33940 3402 NAPLES FL 33940 3402

2. Principal Place of Business 3. Mailing Address
 1250 9th St N. Suite #105 Suite, Apt. #, etc.
 Suite, Apt. #, etc. 105

City & State Naples FL Zip 34102 Country Collier
 City & State " Zip " Country "



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1480046 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 BUNDY, DONNA
 500 MUREX DR. 780 meadowland Dr Apt C
 NAPLES FL 33940 34108

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 *Donna Bundy* DATE 9-8-01
 Signature, typed or printed name of registered agent and file 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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P BUNDY, DONNA STREET ADDRESS 500 MUREX DR. CITY-ST-ZIP NAPLES FL 33940	<input type="checkbox"/> Delete	TITLE NAME 780 meadowland Dr Apt C STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP	<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
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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: *Donna Bundy* DATE 9-8-01 (941) 609-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)