2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000004095**

1. Entity Name

BRET ENTERPRISES OF NAPLES, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90186 042 ***150.00

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Principal Place of Business 1250 9TH ST N SUITE # 105 NAPLES FL 34102			Mailing Address 1250 9TH ST N SUITE # 105 NAPLES FL 34102								
2. Principal P	lace of Busin	ess	3. Mailing Address			_		ili er ii er ii	l Bioli Oblio i	8 	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	e		City & State			4.	FEI Number 52-1480046	45 m		oplied For ot Applicable	
Zip Country			. Zip Country		ry—=====	5.	Certificate of Status Desired		8.75 Add ee Require		
	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent							
BUNDY, D	ONNA			Name Street Address ((P.O. Box Number is Not Acceptable)				
780 MEAD APT C	OWLAND D	IR .									
NAPLES F				City	<u>=</u>		FL				
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
After May 1, 2003 Fee will be \$550.00								May Be			
Make Check	Payable to	Florida Department of	State								
10.		OFFICERS AND (DIRECTORS	11,		ΑC	ODITIONS/CHANGES TO OFFICE	R\$ AND [DIRECTOR	S IN 11	
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2. 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 10 or Block 11 if changed, or on an attachment with an address, with all provide empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-0(-(Date 239)649-664