

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90062 031 ***150.00

DOCUMENT # G30572

1. Entity Name
NAPLES CHEESE CAKES CO.

Principal Place of Business

**8050 TRAIL BLVD.
 NAPLES FL 34108
 US**

Mailing Address

**8050 TRAIL BLVD.
 NAPLES FL 34108
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2297633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GARDNER, JOSEPH M.
 828 104TH AVENUE NORTH
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **GARDNER, JOSEPH M.**

Street Address (P.O. Box Number is Not Acceptable)

4631 1ST AVE NW

City **NAPLES, FL**

FL

Zip Code **34119**

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 **Joseph M. Gardner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **GARDNER, JOSEPH M**
 STREET ADDRESS **4631 1ST AVE NW**
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **V** ☐ Delete
 NAME **KECKLER, MICHAEL D.**
 STREET ADDRESS **1721 45 ST. SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **T** ☐ Delete
 NAME **ARREGUIN, ANTONIA**
 STREET ADDRESS **2127 55TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **S** ☐ Delete
 NAME **PERRY, LEON**
 STREET ADDRESS **7000 OODN PLACE**
 CITY-ST-ZIP **NORTH PORT FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 empowered.

SIGNATURE:

Joseph M. Gardner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-02

1 800 325-6554

CR2E034 (9/01)