2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34487 1. Entity Name REAL ESTATE FLORIDA OF NAPLES, INC.					Secretary of State 01-27-2002 90017 040 ***150.00			
171 COMMER STE 25 NAPLES FL 3 US	84104	Mailing Address 171 COMMERCIAL BLVD STE 25 NAPLES FL 34104 US						
	Place of Business WASHINGTON ST. #, etc.	3. Mailing Address 3.08 W. WAS Suite, Apt. #, etc.	SHIMETON S	*	DO NOT WRITE IN THIS			
	HOOCHEE Fl.	CHATAHOOCI		4.	59-2664285	No	plied For t Applicable	
Zip 323 24	Country	32324	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Re			7. 1	Name and Address of New Registered	Agent		
LININGO	, RICHARD E.		Name					
1706 KIN	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
NAPLES								
•			City		FI	Zip Code	e	
2. The above	name <u>d entity</u> subm <u>it</u> s this statement for the	he number of changing its rac	vistored office as socie	stored an		-		
6. The above	named entity submits this statement for the	ne purpose of changing its reg	distered office of regis	stereu ay	gent, or both, in the State of Florida.	//		
SIGNATURE .	Mhaid E. K	Lew-	•			10/02		
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signature requ	uired when re	einstating) DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta						
11.	OFFICERS AND DI	RECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HINNERS, RICHARD E. 189 RIVER RD BAINBRIDGE GA 31717	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME -STREET ADDRESS - CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	certify that the information supplied with the on this report or supplemental report is to	is filing does not qualify for the ue and accurate and that my s		Section ne same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that i	ertify that the in	formation or director	