

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 020 ***150.00

DOCUMENT # **H62978**

1. Entity Name
COMMERCIAL PROPERTIES OF NAPLES, INC.

Principal Place of Business 9915 N. TAMiami TR. SUITE 2 NAPLES FL 34108 US	Mailing Address 9915 N. TAMiami TR. SUITE 2 NAPLES FL 34108 US
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BU000401



2. Principal Place of Business 868 106th AVE. N. Suite, Apt. #, etc. NAPLES City & State FL	3. Mailing Address 868 106th AVE. N. Suite, Apt. #, etc. NAPLES City & State FL
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DO NOT WRITE IN THIS SPACE

Zip 34108	Country USA	Zip 34108	Country USA
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4. FEI Number **59-2552269** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WANDERON, THOMAS
 9915 N. TAMiami TRAIL
 SUITE 2
 NAPLES FL 34108**

7. Name and Address of New Registered Agent
 Name **THOMAS WANDERON**
 Street Address (P.O. Box Number is Not Acceptable)
**868 106th AVE. N.
 NAPLES, FL 34108**
 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 *THOMAS WANDERON* **1/9/02**
Signature, typed or printed name of registered agent and not acceptable (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP JENSEN, PATRICIA A 641 HICKORY RD. NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDERON, THOMAS 9915 N. TAMiami TRAIL NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS WANDERON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 868 106th AVE. N. NAPLES FL 34108 ADDRESS ONLY
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *THOMAS WANDERON* **3/12/02** **941-591-4334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)