

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90119 050 ***158.75

DOCUMENT # H98970

1. Entity Name
TGT OF NAPLES, INC.

Principal Place of Business
550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926

Mailing Address
550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2651606**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUPP, CRAIG T CPA
6200 CYPRESS HOLLOW WAY
NAPLES FL 34109

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. 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

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 13, 2002 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 **CP** ☐ Delete
 NAME **RASMUSSEN, WILLIAM F.**
 STREET ADDRESS **550 COLONIAL DRIVE**
 CITY-ST-ZIP **HILTON HEAD ISLAND SC 29926**

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

TITLE **S** ☐ Delete
 NAME **RASMUSSEN, LOIS A.**
 STREET ADDRESS **550 COLONIAL DRIVE**
 CITY-ST-ZIP **HILTON HEAD ISLAND SC 29926**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 845-312-5381
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

**TGT of Naples, Inc.
550 Colonial Drive
Hilton Head Island, SC 29926**

843-342-5381

September 3, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: H98970 - Waiver of late fee

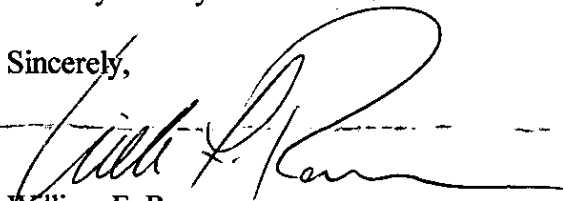
Dear Sir or Madam:

I am writing to request a waiver of the \$400 fee assessed for filing the UBR after May 1, 2002. The corporation did not receive the prior notice. As you will find, the annual UBR has consistently been paid in a timely manner since the corporation was reinstated in July 1996.

I have enclosed check #3252 in the amount of \$158.75 for the 2002 UBR.

Thank you for your consideration.

Sincerely,


William F. Rasmussen
Chairman and President