

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90128 031 ***158.75

DOCUMENT # H99603

1. Entity Name

NORTH NAPLES UTILITIES, INC.

Principal Place of Business

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34119
US

Mailing Address

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34119
US

2. Principal Place of Business

5672 STRAND CT.

3. Mailing Address

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-2640398

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KELLY, JANET
4500 EXECUTIVE DR
STE 300
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name
KELLY, JANET
Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND CT.
SUITE #1
City
NAPLES FL Zip Code
34110

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

JANET KELLY TREASURER

3/6/01

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 \$150.00
After MAY 1, 2001 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	DP	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	4500 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR STE 300	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT PAUL	
STREET ADDRESS	4500 EXECUTIVE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, Robert S.	
STREET ADDRESS	5672 STRAND CT. #3	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT. #1	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, Robert Paul	
STREET ADDRESS	5672 STRAND CT. #1	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

JANET KELLY TREASURER

3/6/01

Date

(941) 592-9888

Daytime Phone #

0942159

CR2E034 (10/00)