2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 27, 2002 8:00 am 8 Secretary of State H99603 DOCUMENT # 1. Entity Name 03-27-2002 90037 045 ***158.75 NORTH NAPLES UTILITIES, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT DAAAVTAA STE 1 STE 1 NAPLES FL 34110 NAPLES FL 34110 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2640398 Not Applicable Zip ≄ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND COURT STE 1 NAPLES FL 34110 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE Change HARDY, ROBERT S NAME NAME 5692 STRAND COURT 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME KELLY, JANET NAME STREET ADDRESS 5672 STRAND COURT 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Change ☐ Addition TITLE ---Delete TITLE HARDY, ROBERT PAUL NAME NAME STREET ADDRESS 5692 STRAND COURT 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED