

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90079 035 ***158.75

DOCUMENT # J35503

1. Entity Name
M. T. OF NAPLES, INC.



Principal Place of Business
606 BALD EAGLE DRIVE, SUITE 500
P.O. BOX 1
MARCO ISLAND FL 34146
US

Mailing Address
PO BOX 1
MARCO ISLAND FL 34146
US



2. Principal Place of Business
5400 Lagoon Rd
Suite, Apt. #, etc.
St. 101

3. Mailing Address
636 Fountainhead Ln
Suite, Apt. #, etc.

City & State
Naples, Fl

City & State
Naples, Fl

Zip
34109

Country
USA

Zip
34103

Country
USA

4. FEI Number
59-2731291

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R.
606 BALD EAGLE DR., SUITE 500
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MASSING, JOSEPH P.**
STREET ADDRESS **636 FOUNTAINHEAD LANE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **ST** ☐ Delete
NAME **MASSING, VIRGINIA R.**
STREET ADDRESS **636 FOUNTAINHEAD LANE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph P. Massing, Pres. 2/24/03 239-261-5877
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)