2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # J60176 1. Entity Name 04-09-2002 90059 044 ***158.75 NAPLES PROPERTIES, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT STE 1 STF 1 NAPLES FL 34110 NAPLES FL 34110 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2788631 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **KELLY, JANET** Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND COURT STE 1 NAPLES FL 34110 City 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 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HARDY, ROBERT STREET ADDRESS 5692 STRAND COURT #3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME HARDY, ROBERT PAUL NAME STREET ADDRESS STREET ADDRESS 5692 STRAND COURT #1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME HESSE, SANDRA NAME STREET ADDRESS STREET ADDRESS 6289 BURN HAM ROAD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLY, JANET NAME 5672 STRAND COURT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: