**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J65035

1. Corporation Name -BUILDERS ONE OF NAPLES, INC. Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90027 036 \*\*\*150.00



]								
Principal Place	of Business	Mailing Address			- 1 1003/110 0140 0140 0141 00400 114	D) Dáit Diðit Díðit	ים ונפנק וופוס י	( <b>a</b> n aran 1881
2101 54TH TERR. S.W. 2101 54TH TERR. S.W. NAPLES FL 34116 NAPLES FL 33999 3 4 /			•	DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed				
					04/02/1987			}
Principal Place of Business     2a. Mailing Address					4. FEI Number		Apr	plied For
21 26					65-0204857		<del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	0	\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	у	8. This corporation owes the curre	_	gible	and .
24	25	<del></del>	0		Personal Property Tax.			<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent	- 8	4 N	10. Name and Address of New R	egistered Ag	jent	
ARIS	TIZARAI JANE	- ATE 7		ARIS	5712ABAC, JAN	rE		
ARISTIZABAL, JANE 3056 BARRETT AVE. NAPLES FL 34116  ADDRESS CHANGE SAME AGENT			E O 8	2 Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
1	ES FL 34116	ADDRESS CANON	8	9	5474 TERR SIW			
,		SAME MOCH	Ľ	NAPL	ES			
}			8	4 City N1	PLES	FL	85 Zip C	Code
44 Durayant t	a the provisions of Sections 607 05	02 and 607 1508. Florida Statutes	the abo	ve-named como	pration submits this statement for the	numose of ch	nanging its	registered
) office or re	egistered agent, or both, in the State	of Florida. Such change was aut	norized d	y the corporatio	n's board of directors. I hereby accep	t the appointr	nent as req	gistered
i -	n familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statute	es.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	tegistered Ag	ent signature required	when reinstating)	DATE		
12		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
	'PST' নিটি নিটার করে জিন	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	ARISTIZABAL, JANE 👾 📜		1,2 NAME	<b>.</b>				
STREET ADDRESS	2101 54TH TERR: S.W. **		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY-	ST- ZIP				
TITLE	0	☐ DELETE	2.1 TITLE	ĺ		[	Change	☐ Addition
NAME	aristizabal, jane		2.2 NAME	:	•			
STREET ADDRESS	2101 54TH TERR. S.W.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL		2.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			(	Change	Addition
NAME			3.2 NAME	:				
STREET ADDRESS			3.3 STRE	ET ADORESS				i
CITY-ST-ZIP			3.4, CITY				O Cherra	<u></u>
TITLE		☐ DELETE	4.1 TITLE	ļ		l	Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP	<del></del>		4.4 C/TY-				Chanca	Addition
TITLE		☐ DELETE	5.1 TITLE			l	Change	☐ vocition
NAME :			5.2 NAME	ĺ				
STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP	<del>_</del>	O priette	5.4 CITY- 6.1 TITLE				Change	Addition
TITLE		☐ DELETE	1			t	Change	
NAME	,	•	6.2 NAME	}				
STREET ADDRESS			1	ET ADDRESS				ı
C/TY-ST-ZIP			6.4 CITY-	ST-ZIP				لـــــــــــــــــــــــــــــــــــــ

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: