

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90977 038 ***150.00

DOCUMENT # K02840 1. Entity Name EMPIRE BUILDERS OF COLLIER COUNTY, INC.																			
Principal Place of Business 1750 J&C BLVD. #2 NAPLES FL 34109 US		Mailing Address 1750 J&C BLVD. #2 NAPLES FL 34109 US																	
2. Principal Place of Business 5660 STRAND CT.		3. Mailing Address 5660 Strand Ct																	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. 																	
City & State NAPLES FL		City & State Naples FL 34110																	
Zip 34110		Zip 34110																	
Country USA		Country USA																	
4. FEI Number 65-0019252																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent MELSON, RICHARD B. 1750 J&C BLVD. #2 NAPLES FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5660 Strand Court City FL Zip 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 <u><i>Richard B. Melson</i></u> DST 4/28/2000 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State																	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE DP C.E.O. <input type="checkbox"/> Delete NAME MELSON, RICHARD B. STREET ADDRESS 3409 BEDFORD CT CITY-ST-ZIP NAPLES FL </td> <td style="width: 50%; padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE DST <input type="checkbox"/> Delete NAME MELSON, AMY STREET ADDRESS 3409 BEDFORD CT CITY-ST-ZIP NAPLES FL </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE PRESIDENT <input type="checkbox"/> Delete NAME BILL SLAVICH STREET ADDRESS 5660 STRAND COURT CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE DP C.E.O. <input type="checkbox"/> Delete NAME MELSON, RICHARD B. STREET ADDRESS 3409 BEDFORD CT CITY-ST-ZIP NAPLES FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE DST <input type="checkbox"/> Delete NAME MELSON, AMY STREET ADDRESS 3409 BEDFORD CT CITY-ST-ZIP NAPLES FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE PRESIDENT <input type="checkbox"/> Delete NAME BILL SLAVICH STREET ADDRESS 5660 STRAND COURT CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <u><i>Richard B. Melson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-28-2000 Daytime Phone # 941-566-3204																	



DO NOT WRITE IN THIS SPACE