

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K22634

1. Entity Name

MR. VERTICAL OF NAPLES, INC.

Principal Place of Business

2400 KIRKWOOD
NAPLES FL 33962

Mailing Address

2400 KIRKWOOD
NAPLES FL 34112-4756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0058882

Applied For

Not Applicable

5. Certificate of Status Desired.

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCIERE, JOSEPH
2400 KIRKWOOD
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 34112

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ARCIERE, JOSEPH
STREET ADDRESS 149 FOX GLEN DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE S
NAME ARCIERE, ANNE MARIE
STREET ADDRESS 149 FOX GLEN DR
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VP
NAME ARCIERE, JOSEPH JR
STREET ADDRESS 807 GOODLETTE RD. S. #5048
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE T
NAME ARCIERE, JEFFREY
STREET ADDRESS 807 GOODLETTE RD. S. #5048
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VP
NAME ARCIERE, JOSEPH JR
STREET ADDRESS 307 GOODLETTE ROAD S. #504B
CITY-ST-ZIP NAPLES, FL. 34102 ☐ Change ☐ Addition

TITLE T
NAME ARCIERE, JEFFREY
STREET ADDRESS 307 GOODLETTE ROAD S. #504B
CITY-ST-ZIP NAPLES, FL. 34102 ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (941) 775-3343
Date Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90123 001 ***150.00

A0012150



DO NOT WRITE IN THIS SPACE