## 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2000 8:00 am Secretary of State **DOCUMENT # K73750** 1. Entity Name NAPLES EXECUTIVE BUILDERS, INC. 08-16-2000 90004 041 \*\*\*550.00 Principal Place of Business Mailing Address C/O JAMES H. SIESKY C/O JAMES H. SIESKY 1000 NO TAMIAMI TRL. STE 201 1000 NO TAMIAMI TRL. STE 201 NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Busines 3. Mailing Address 529 5ag urs DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0181342 Florida Japles Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIESKY, JAMES H Street Address (P.O. Box Number is Not Acceptable) 1000 N TAMIAMI TRAIL, SUITE 201 'NAPLES FL 33940 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 regulated when reinstating) FILE:NOW!#FEE'IS'\$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 \_Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (S) Addition president Change TITLE Delete TITLE 529 west place NAME NAME RALSTON, JOHN R CR2E034 STREET ADDRESS STREET ADDRESS **529 WEST PLACE** Naples FIA 34108 CITY-S7-ZIP CITY-ST-ZIP NAPLES FL Vice president X Addition Armantrat, FREDDIE A. TITLE ☐ Chance NAME NAME 3810 3157 AKSW 3810 316+ AUE SW Naple FC 34116 STREET ADDRESS STREET ADORESS Naples Fla 34116 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME T NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Chance TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-712 CITY-ST-7IP 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 in pidress, with all other like empowered.

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Daytime Phone