

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60728

1. Entity Name

DESIGN BUILD OF NAPLES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90031 050 \*\*\*150.00

Principal Place of Business

4573 ENTERPRISE AVE #5  
NAPLES FL 33942

Mailing Address

4573 ENTERPRISE AVE #5  
NAPLES FL 34104-7053

2. Principal Place of Business

1100 5th Ave S.

3. Mailing Address

1100 5th Ave S

Suite, Apt. #, etc.

# 201

Suite, Apt. #, etc.

# 201

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0183768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TASSIN, TIM  
4573 ENTERPRISE AVENUE, #5  
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

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

1100 5th Ave S #201

City

FL

Zip Code

34102

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 ☐ Delete

NAME PD  
TASSIN, TIMOTHY  
STREET ADDRESS 4573 ENTERPRISE AVENUE STE 5  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ Delete

NAME VP  
RICE, SHANNON  
STREET ADDRESS 4573 ENTERPRISE AVENUE STE 5  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☒ Delete

NAME S  
PIERCE, MICK  
STREET ADDRESS 1387 CHESAPEAKE AVE #2  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Delete

NAME T  
BEATTIE, MICHAEL  
STREET ADDRESS 4573 ENTERPRISE AVENUE STE 5  
CITY-ST-ZIP NAPLES FL 33942

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1100 5th Ave S #201  
CITY-ST-ZIP Naples, FL 34102

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1100 5th Ave S #201  
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

*Shannon Rice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/00

Daytime Phone #

946435573