

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000823

1. Entity Name
THREE D OF NAPLES, L.C.

01 APR -4 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2277 TRADE CENTER WAY. STE. 101
NAPLES FL 34109

Mailing Address
2277 TRADE CENTER WAY. STE. 101
NAPLES FL 34109



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0773413

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANGELIS, JOHN
2277 TRADE CENTER WAY, STE. 101
NAPLES FL 34109

Name

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

City

FL

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM
NAME DEANGELIS DIAMOND CONSTRUCTION, INC.
STREET ADDRESS 2277 TRADE CENTER WAY, STE. 101
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE MEM
NAME DEANGELIS, RAYMOND P
STREET ADDRESS 4229 CUTLASS LN.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE MEM
NAME DEANGELIS, ROSEANN
STREET ADDRESS 4229 CUTLASS LN.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/16/01

941.594.1994

CR2E083 (11/00)