

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009046
AF

DOCUMENT # **L98000001066**

1. Entity Name
DSP OF NAPLES, L.C.

00 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2154 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

Mailing Address
2154 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109-2036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3557677**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CLASP, INC.
% CUMMINGS & LOCKWOOD
3001 NORTH TAMiami TRAIL
NAPLES FL 34103**

7. Name and Address of New Registered Agent
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 _____ (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			
TITLE NAME	MGR SHAFFRAN, ART	<input type="checkbox"/> Delete	
STREET ADDRESS	2154 TRADE CENTER WAY, SUITE 3		
CITY- ST- ZIP	NAPLES FL 34109		
TITLE NAME	MGR PIERCE, JAMES E	<input type="checkbox"/> Delete	
STREET ADDRESS	2154 TRADE CENTER WAY, SUITE 3		
CITY- ST- ZIP	NAPLES FL 34109		
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY- ST- ZIP			

10. ADDITIONS/CHANGES			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	500003259235--9		
CITY- ST- ZIP	-05/19/00--01074--013		
	*****50.00 *****50.00		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED: **A. Shafran, Manager** Date _____ Daytime Phone # **941-597-8400**

CR2E183 (9/99)