

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000003063**

1. Entity Name
C & S INVESTMENTS OF NAPLES, LLC

Principal Place of Business 2338 IMMOKALEE ROAD, SUITE 364 NAPLES FL 34110	Mailing Address 2338 IMMOKALEE ROAD, SUITE 364 NAPLES FL 34110-1445
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3588897** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAVIELLO, MICHAEL A ESQ.
1025 FIFTH AVENUE NORTH
NAPLES FL 34102**

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 Delete
MGRM SVOBODA, BRIT E
STREET ADDRESS **1901 FAIRFAX CIRCLE**
CITY- ST- ZIP **NAPLES FL 34109**

TITLE NAME Delete
MGRM CALABRESE, STEVEN A
STREET ADDRESS **1170 GULF BLVD., #1505**
CITY- ST- ZIP **CLEARWATER FL 33767**

TITLE NAME Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME Change Addition
600003224316--8
STREET ADDRESS **-04/26/00--01019--028**
CITY- ST- ZIP *******55.00 *****55.00**

TITLE NAME Change Addition
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **3/27/00** (941) 546-5750
Daytime Phone #

CR2E083 (9/99)