

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000003063**

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

FILED

01 APR 30 PM 6:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
2338 IMMOKALEE ROAD, SUITE 364  
NAPLES FL 34110

**Mailing Address**  
2338 IMMOKALEE ROAD, SUITE 364  
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-3588897

Applied For  
Not Applicable

Zip Country

Zip Country

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

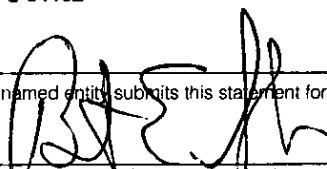
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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**  **DATE**

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

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

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000004272250--4  
-05/21/01--01010--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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**

4/10/01

Date Daytime Phone #

0021091

CR2E083 (11/00)