

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90134 023 \*\*\*\*50.00

**DOCUMENT # L99000005761**

1. Entity Name

**NAPLES MARINE YARDS LLC**



Principal Place of Business

**C/O EDWARD J. RUFF REALTY, INC.  
 4760 TAMiami TRAIL NORTH, SUITE 6  
 NAPLES FL 34103**

Mailing Address

**C/O EDWARD J. RUFF REALTY, INC.  
 4760 TAMiami TRAIL NORTH, SUITE 6  
 NAPLES FL 34103**

**961678**

2. Principal Place of Business

**909 10th Street So.**

Suite, Apt. #, etc.  
**101**

City & State

**Naples, FL 34102**

Zip

**34102**

Country

**Collier**

3. Mailing Address

**909 10th Street So.**

Suite, Apt. #, etc.  
**101**

City & State

**Naples, FL 34102**

Zip

**34102**

Country

**Collier**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3599807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUFF, EDWARD J  
 4760 TAMiami TRAIL NORTH, SUITE 6  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**John C. Swanson**

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

**909 10th Street South**

**St. 101**

City

**Naples,**

**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

*Edward J. Ruff* **Edward J. Ruff MGR**

**4/24/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGR**  
 NAME  
**RUFF, EDWARD J**  
 STREET ADDRESS  
**4760 TAMiami TRAIL NORTH, SUITE 6**  
 CITY-ST-ZIP  
**NAPLES FL 34103** ☒ Delete

TITLE  
**MGR**  
 NAME  
**SWANSON, JOHN C**  
 STREET ADDRESS  
**15600 OLD ROUTE 41**  
 CITY-ST-ZIP  
**NAPLES FL 34110** ☐ Delete

TITLE  
**MGR**  
 NAME  
**RUFF, KELLY**  
 STREET ADDRESS  
**4760 TAMiami TRAIL NORTH, SUITE 6**  
 CITY-ST-ZIP  
**NAPLES FL 34103** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

CR2E083 (9/01)

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:

*John C. Swanson*

**John C. Swanson 4-24-02 (941) 430-4994**

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

Date

Daytime Phone #