2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M43699 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** NAPOLI MANAGEMENT SERVICES, INC. The same of the 03-17-2000 90023 042 ***150.00 Principal Place of Business Mailing Address 184 FURSE LAKES CIR. 184 FURSE LAKES CIR. SUITE 8 NAPLES FL 34104 NAPLES FL 34116-5413 2. Principal Place of Business 5781 Westport Mailing Address 781 WestNort Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2763338 Not Applicable Country WJP \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OETTING, GABRIELA Street Address (P.O. Box Number is Not Acceptable) 184 FURSE LAKES CIR. SUITE 8 Westnort Lane NAPLES FL 33942 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ह्य ुप्रिक्र filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE OETTING, GABRIELA NAME NAME 5781 Westport Lane Naple, Fl. 34116 STREET ADDRESS STREET ADDRESS 184 FURSE LAKES CIR., SUITE 8 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition TITLE ☐ Delete TITLE NAME **OETTING, BERND** 5781 Westport Lane Neples, FC. 34116 STREET ADDRESS 184 FURST LAKES CIR., SUITE 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.