

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0105935 AV

DOCUMENT # M75176

1. Entity Name
NAPLES TROLLEY TOURS, INCORPORATED



FILED

4th SEP 24 PM 12:15
Submitted
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1010 6TH AVE S.
NAPLES FL 34102
US

Mailing Address
1010 6TH AVE S.
NAPLES FL 34102
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0049024

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

06-02-03 01053 005 \$150.00
☐ CHECK HERE IF MAKING CHANGES 83

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RANDALL R
9120 THE LANE
NAPLES FL 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SMITH, RANDALL R.
STREET ADDRESS 9120 THE LANE
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03

239-262-7300

Date

Daytime Phone #

CR2E034 (4/03)