2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90315 018 ****61.25

DOCUMENT # N98000001722

1. Entity Name

NAPLES ARTCRAFTERS, INC.

Principal Place of Business	Mailing Address
821 BLUEBIRD STREET NAPLES FL 34104	821 BLUEBIRD STREET NAPLES FL 34104-4409

DO NOT WRITE IN THIS SPACE

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 65-0785563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PACKARD, KIMBERLY
821 BLUEBIRD STREET
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name TERI CLEMENTE
Street Address (P.O. Box Number is Not Acceptable) 630 10TH AVE. N.W.
City NAPLES FL Zip Code 34120

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 Teri Clemente
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PACKARD, KIMBERLY 821 BLUEBIRD STREET NAPLES FL 34102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TERI CLEMENTE 630 10TH AVE. N.W. NAPLES, FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERBST, BETTY P.O. BOX 10375 N/A NAPLES FL 34101	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Annabelle Johnson 3765 Weymouth Circle Naples, 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAMES, DON 6130 22ND AVENUE SW NAPLES FL 34116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHARLES C O'NEAL 51 HILO CT NAPLES FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEGELA, MARIANNA 3050 BECK BLOCK NAPLES FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ruth Ann Andrus 3661 2nd Ave SE Naples FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARKLE, PAT 3050 BECK BLOCK NAPLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARIANNE MEGELA 3050 BECK BLVD K23 NAPLES FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLEMENTE, TERI 630 10TH AVENUE NW NAPLES FL 34120	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Robert S. Benny 3610 BELAIR LANE NAPLES FL 34103	☒ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teri Clemente 3-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #