FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90736 045 ***150.00

DOCUMENT # N98000001722

1. Entity Name
Naples Artcrafters Inc.

DO NOT WRITE IN THIS SPACE

B0061806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3661 2ND Ave SE	P.O. Box 10884
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples Fl	City & State: Naples Fl
Zip: 34117 Country: Collier	Zip: 34101 Country: Collier

4. FEI Number 65-0843312 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANDRUS, Ruth Ann

Street Address (P.O. Box Number is Not Acceptable): 3661 2ND Ave SE

City: Naples FL Zip Code: 34117

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: Ruth Ann Andrus Ruth Ann Andrus 3-27-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	VD	TITLE	
NAME	Johnson, Annabelle	NAME	
STREET ADDRESS	3765 Weymouth Dr	STREET ADDRESS	
CITY-ST-ZIP	Naples Fl 34112	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CUNNINGHAM, Roger	NAME	
STREET ADDRESS	3223 BOCA CIEGA DR	STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl 34112	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	ANDRUS, RUTH A	NAME	
STREET ADDRESS	3661 2ND AVE SE	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Naples, Fl 34117	CITY-ST-ZIP	
TITLE	S	TITLE	IN THIS SPACE
NAME	LEONARD, BARBARA	NAME	
STREET ADDRESS	919 FOX DR #1306	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, Fl 34104	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	HENDERSON, DEBBIE	NAME	
STREET ADDRESS	11745 LONGSHORE WAY E	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, Fl 34119	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	BERMAN, ROBERT S	NAME	
STREET ADDRESS	3610 Belair LANE	STREET ADDRESS	
CITY-ST-ZIP	Naples, Fl 34103	CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Ann Andrus Treasurer 3-2702 941 353-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #