FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90003 020 ***150.00

DOCUMENT # N98000001722

1. Entity Name
Naples Artcrafters, Inc.

DO NOT WRITE IN THIS SPACE

44012481

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

SIGNATURE: Ruth Ann Andrus Ruth Ann Andrus Treasurer 2-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	VD	TITLE	
NAME	Broder, Harriet	NAME	
STREET ADDRESS	1465 Firwood Ct	STREET ADDRESS	
CITY-ST-ZIP	Marco Island, FL 34145	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Megela, Marianne	NAME	
STREET ADDRESS	3050 Beck Blvd, K23	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34114	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	ANDRUS, Ruth Ann	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	McCaffery, Shirley	NAME	
STREET ADDRESS	5706 Copper Leaf Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34116	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Fasulo, Linda	NAME	
STREET ADDRESS	3630 Poinsettia Ave	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34104	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	Cunningham, Roger	NAME	
STREET ADDRESS	3223 Boca Ciega Dr	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34112	CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: Ruth Ann Andrus Ruth Ann Andrus Treasurer 2-20-04 239-353-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #