FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90161 045 ***150.00

DOCUMENT # N98000001722

1. Entity Name

NAPLES ARTCRAFTERS, INC.

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.
Naples FL 34117	Naples FL 34101
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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: Ruth Ann Andrus

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 _____
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
NAME	JOHNSON,ANNABELLE
STREET ADDRESS	3765 WEYMOUTH CIR.
CITY-ST-ZIP	NAPLES FL 34112
TITLE	VD
NAME	CUNNINGHAM,ROGER
STREET ADDRESS	3223 BOCA CIEGA DR.
CITY-ST-ZIP	Naples,FL 34112
TITLE	T
NAME	ANDRUS,RUTH A
STREET ADDRESS	3661 2nd Ave.SE Naples 34117
CITY-ST-ZIP	
TITLE	S
NAME	LEONARD,BARBARA
STREET ADDRESS	219 Fox Dr. #1306 Naples FL 34104
CITY-ST-ZIP	
TITLE	S
NAME	HENDERSON,DEBBIE
STREET ADDRESS	5930 Paradise Circle
CITY-ST-ZIP	Naples,FL 34110
TITLE	PD
NAME	Berman,Robert S
STREET ADDRESS	3610 Belair lane
CITY-ST-ZIP	Naples,Fl 34103

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 2-23-02 239 353-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #