X NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-24-2002 90031 029 ****61.25

23553

DOCUMENT #

1. Entity Name: WEDDING & PARTY PROFESSIONALS OF NAPLES INC.
N99000004987

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7505 CORDOBA CIR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL. 34109	City & State
Zip: 34109 Country: COLLIER	Zip / Country

4. FEI Number: 59-359 1171 ☐ 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: LINDA CRISWELL - TREASURER

Street Address (P.O. Box Number is Not Acceptable): 7505 CORDOBA CIRCLE

City: NAPLES, FL. FL Zip Code: 34109

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: Linda Criswell TREASURER 2/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PRESIDENT	TITLE	PRESIDENT
NAME	MICHAEL AVOLA	NAME	MICHAEL AVOLA
STREET ADDRESS	2500 TAMIAMI TR. N. #110	STREET ADDRESS	4 TAMIAMI TR. NO #110
CITY-ST-ZIP	NAPLES FL. 34103 D	CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VICE PRESIDENT	TITLE	
NAME	RICHARD SCOTT	NAME	
STREET ADDRESS	2382 IMMOKALEE RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34110 D	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	CELINE SCOTT JOHNSON	NAME	
STREET ADDRESS	6857 MILL RUN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34109 T	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	TREASURER	TITLE	**IN THIS SPACE**
NAME	LINDA C. CRISWELL	NAME	
STREET ADDRESS	7505 CORDOBA CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109 D	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	ANNETTE D. PEASE	NAME	
STREET ADDRESS	4130 13TH AV. S.W.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34116 T	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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

SIGNATURE: Linda Criswell LINDA CRISWELL 2-16-02 596-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #