

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009273

1. Entity Name

NAPLES ANTIQUE MALL, INC.

FILED

May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90025 015 \*\*\*150.00

Principal Place of Business

1575 CURLEW AVE #2  
NAPLES FL 34102

Mailing Address

1575 CURLEW AVE #2  
NAPLES FL 34102

2. Principal Place of Business

5430 YAHU ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34109- COCLIER

Country

Country

4. FEI Number

65-0978178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, LANCE  
1575 CURLEW AVE #2  
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 LANCE NELSON  
LANCE NELSON

Signature, typed or printed name of registered agent and title if applicable.

Lance Nelson  
Lance Nelson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01  
4-25-01

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, LANCE	
STREET ADDRESS	1575 CURLEW AVE #2	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE NELSON, Lance Nelson 4-25-01 941-591-8182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)