

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 039 ***150.00

DOCUMENT # P00000009273

1. Entity Name
NAPLES ANTIQUE MALL, INC.



Principal Place of Business
5430 YAH L ST
NAPLES FL 34109

Mailing Address
1575 CURLEW AVE #2
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

5430 YAH L ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FLORIDA

Zip

Country

Zip

Country

34109

COLLIER

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

SIGNATURE Lance H. Nelson LANCE H. NELSON

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NELSON, LANCE
STREET ADDRESS 1575 CURLEW AVE #2
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☒ Change ☐ Addition
NAME NELSON, LANCE
STREET ADDRESS 5430 YAH L ST.
CITY-ST-ZIP NAPLES, FLORIDA 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lance H. Nelson LANCE H. NELSON 4-28-03 (239) 591-8182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)