## 2001 UNIFORM BUSINESS REPORT (UBR)

City-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRI

## Aug 16, 2001 8:00 am Secretary of State DOCUMENT # (2000 000 1750) 08-16-2001 90003 036 \*\*\*150.00 NAPLES CUSTOM WOODWORKS INC Principal Place of Business 2420-10 AUE SE NAPLES FLORIDA 34117 A0081464 1420-10-AUF SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State FLURIDA 65-1003907 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURÍON E BRENN 2420-10AUE SE Street Address (P.O. Box Number is Not Acceptable) NAPLES FLORIDAR City Zip Code 8. The above named entity submit statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ed agent and title if applicable , typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PERSIDENT TITLE ☐ Delete TITLE ☐ Addition BURTONE BRENN NAME NAME 1420-10 AUE SE NADLES FLORIDA 34117 VICE PRESIDENT - SECRETARY Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE 2410-10AUESE STREET ADDRESS STREET ADDRESS NAPLES FLORIDA 34117 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 frue 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.

CER OR DIRECTO

FILED

/10-0/ Daytime Phone #

AHachment D# P0000017501 A0081464

BURTON E. BRENN 811 18TH ST. NAPLES, FL 34117

253 6158 (941)

Request taken by: kdixon 06-29-2001

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Senetime in Feb. after celling & leaving information on your business muchine 9 different occosing - I finally reached a K. rligor who expolying & send me the correct form. - My check for 1500 is enclosed - requesting your waive the late penalty.