

FILED

Jul 30, 2003 8:00 am
Secretary of State

07-07-2003 90137 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000017501

1. Entry Name

NAPLES CUSTOM WOODWORKS, INC.



Principal Place of Business

2420 10TH AVE. SE
NAPLES FL 34117

Mailing Address

2420 10 AVE SE
NAPLES FL 34117

55052736

2. Principal Place of Business

AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES FL.

City & State

NAPLES FL.

4. FEI Number

65-1003907

Applied For

Not Applicable

Zip

34117

Country

COLLIER

Zip

34117

Country

COLLIER

5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BRENN, BURTON E
2420 10 AVE SE
NAPLES FL 34117

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

7-2-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PVPS
BRENN, BURTON E
2420 10 AVE SE
NAPLES FL 34117 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-03 239 825 4661 CFI
239 433 2141 H

CR2E034 (4/03)

Attachment July 28-03

55052736
P00000017501

On July 2 - I received a second report form...
Called your office & spoke with one of your representatives.
I explained to her that I filed the report approx
2nd week in April -

She informed me to write a letter of explanation &
send a second check for \$150.00 stating that the
\$400.00 late fee would be waived.

Please ⁽¹⁾ file the report ⁽²⁾ - waived the late fee or
dissolve the corporation & return by checks.

Thank you

Diana S. President