2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000021721 **DOCUMENT #**

1. Entity Name NAPLES STRIKE & SPARES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90755 036 ***150.00

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Suries, Apt. #, etc. A. FEI Number 65-0982697 Application of Status Desired Sec. Programmer of New Application of	1600 LUCKEY	AVENUE	,		35						
City & State City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fire Required	2. Principal Pl	lace of Busin	ess	3. Mailing Address			-		88 184 8 9 14 5 14 9 9 1	(1841 1884 8 14	101 1101 14 1 1
Zip Country Zip Country S. Certificate of Status Depired St. 73 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CINELLO, PATRICK BBOO STRIKE LANE BONTA SPRINGS FL 34135 City FL Zip Code 8. The above named orday submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and act the obligators of registered agent, or registered agent, or both, in the State of Forida. I am familiar with, and act the obligators of registered agent and title resolvable. SIGNATURE Signature Registered Agent City FL Zip Code 8. The above named orday submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and act the obligators of registered agent and title resolvable. SIGNATURE Signature Registered Agent City FL Zip Code 8. The above named orday submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and act the resolvable in the state of registered agent, or both, in the State of Forida. I am familiar with, and act the resolvable in the state of registered agent, or both, in the State of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am familiar with, and act the resolvable in the state of Forida. I am famili	Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				CHECK HERE IF	MAKING CH	ANGES	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CINIELLO, PATRICK 8800 STRIKE LANE BONITA SPRINGS FL 34135 City FL 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 Florids. I sum familiar with, and accomplished private name of registered agent are title flagelicates. SIGNATURE Signature, typed of private name of registered agent are title flagelicates. ONOTE Registered office or registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent are title flagelicates. ONOTE Registered office or registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent are title flagelicates. ONOTE Registered office or registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent are title flagelicates. ONOTE Registered office or registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent are title flagelicates. ONOTE Registered office or registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. I sum familiar with, and accomplished private name of registered agent, or both, in the State of Florids. S	City & State			City & State			4.	4. FEI Number 65-0982697 Applied Fo			olied For Applicable
Name Stroot Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Coun	ntry	5.	Certificate of Status Desired			
Name Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent			7. 1	Name and Address of New Reg	istered Age	nt	
Sycol Address (P.O. Box Number is Not Acceptable) Sycol Address (P.O. Box Number is Not Acceptable) City						Name					
BONTA SPRINGS FL 34135 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 acc the obligations of registered agent. SIGNATURE SI				and the second s	Street Addres			·			
B. 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 acc me obligations of registered agent. SIGNATURE Signature, hypot or printed name of registered agent and title it explicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE IMANE CINIELLO, PATRICK BONITA SPRINGS FL 34135 ITILE IDelete ITILE INAME STREET ADDRESS CITY -S1-27P ITILE CITY -S1-27P ITILE CITY -S1-27P ITILE CITY			34135							=	
THE POST PATRICK STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADD			!			City			FL	Zip Code	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.	the obligati . SIGNATURE _	ions of regist	ered agent.					,			
ITILE NAME INAME INTEREST ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After Make Check	May 1, 200	Florida Department o		I 11.		ΑΓ	Trust Fund Contribution.		Added	to Fees
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	name Street address			☐ Delete	NAM STRE	ME EET ADDRESS				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 truefter exprovered 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: