

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90138 046 \*\*\*558.75

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**DOCUMENT # P00000037923**

1. Entity Name  
**SLABS UNLIMITED OF NAPLES, INC.**



Principal Place of Business  
**9601 SUSSEX STREET  
NAPLES FL 34109**

Mailing Address  
**9601 SUSSEX STREET  
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

**4072 RITA LN.**

**4072 RITA LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BONITA SPRINGS, FL.**

**BONITA SPRINGS, FL.**

Zip **34134** Country **Lee**

Zip **34134** Country **Lee**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2537064**

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

**GASPARE, OLIVER  
9601 SUSSEX STREET  
NAPLES FL 34109**

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 *Gasper Oliveri III* **GASPER OLIVERI III - PRES.** **7-22-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **P.** ☐ Delete  
NAME **OLIVERI, GASPARE III**  
STREET ADDRESS **9601 SUSSEX STREET**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☒ Change ☐ Addition  
NAME **4072 BONITA SPRINGS FL.**  
STREET ADDRESS **34134**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Gasper Oliveri III* **PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-22-03 / 239-289151**

Date

Daytime Phone #

CR2E034 (4/03)