## **FILED** May 14, 2002 8:00 am § Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000050893 DOCUMENT # 1. Entity Name 05-14-2002 90300 012 \*\*\*150.00 NAPLES PAINTING COMPANY, INC. Principal Place of Business Mailing Address 4961 22ND PLACE SW 4961 22ND PLACE SW NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business ello Dr Ste Z Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3645018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent TAYLOR, AMY H Street Address (P.O. Box Number is Not Acceptable) 5185 CASTELLO DR., SUITE 2 NAPLES FL 34103 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition BANNON, JOHN BJR BANNON, JOHN B JR NAME NAME 5185 Castello Dr Stc Z STREET ADDRESS **4961 22ND PLACE SW** STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 Naples & 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TAYLOR, AMY H NAME STREET ADDRESS 5185 CASTELLO DR., SUITE 2 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP! TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if of the corporation or the receive changed, or on an attackment

SIGNATURE:

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