2003 FOR PROFIT CORPORATION

NAPLES FL 34102

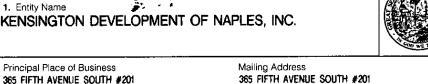
NAPLES FL 34102



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90115 041 ***150.00

DOCUMENT # P00000078784	
ENSINGTON DEVELOPMENT OF NAPLES, INC.	
	N. T.



2. Principal Place of Business			3. Mai	3. Mailing Address						Dalt IDD	01 HOURE (500) I	#1 0: \$E (00)		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 59-3680874 Applied Fo						
Zip		Country	Zip		Count	ry		5. Certificate of Status Desired Sa.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
						Name								
ANTARAMIAN, JACK J				ŀ	Street Address (P.O. Box Number is Not Acceptable)									
365 FIFTH	AVENUE S	OUTH #201												
NAPLES F	L 34102													
						City				FL	Zip Cod			
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 ager	nt and title if app	olicable. (NOTE	: Registered	Agent signate	are required wh	en reinsta	ting) D	ATE				
	ILE NOW!	! FEE IS \$150.00												
)3 Fee will be \$550.00	· I ,						 Election Campaign Financing Trust Fund Contribution. 	, _		May Be		
Make Check Payable to Florida Department of State									nust Fanu Commountin.		Addet	110 FEES		
10.		OFFICERS AN	DIRECTO	DRS	11,			ADDIT	IONS/CHANGES TO OFFICERS	AND I	DIRECTOR	S IN 11,		
TITLE	D			☐ Delete	TITLE		PT	7			Change	Addition		
NAME		IAN, JACK J			NAME		17/	, ,						
STREET ADORESS	s 365 FIFTH AVENUE SOUTH #201				STREE	T ADDRESS								
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STREET ADDRESS	i				STREE	T ADDRESS	I					J		

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 right 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 and statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP