

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-22-2001 90012 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000106694**

1. Entity Name **Name Changed Eff. 11-27-00**
~~A&J EXCAVATING COMPANY~~ **NELLY'S BOBCAT SERVICE COMPANY**

Principal Place of Business Mailing Address
3115 CONNECTICUT AVE **3115 CONNECTICUT AVE**
NAPLES FL 34112 **NAPLES FL 34112**

8500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59 3694229		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WADMAN, NELLY
3115 CONNECTICUT AVE
NAPLES FL 34112

(CORRECTION) 7. Name and Address of New Registered Agent

Name: **NELLY WADMAN ARCINIEGAS**
 Street Address (P.O. Box Number is Not Acceptable): **3115 CONNECTICUT AVENUE**
 City: **NAPLES** FL Zip Code: **34112**

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 _____ DATE _____
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 tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00-
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADMAN, NELLY 3115 CONNECTICUT AVE NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADMAN, JOHN 3115 CONNECTICUT AVE NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

PHONE#: 85000457089
3115 CONNECTICUT AVE
F&F, EQUIP, TOOLS, SUPPLIES
MILL CODE: 0084
ZONE: (05)

TANGIBLE PERSONAL PROPERTY TAX RETURN

Confidential § 193.074 F.S.
As Required by §§ 193.052 & 193.062 F.S.

STATE OF FLORIDA
COUNTY OF
COLLIER
2001

**Return To County Property Appraiser
By April 1 To Avoid Penalties**

PHONE NUMBER: (941) 774-8145

FEDERAL EMPLOYER IDENTIFICATION NUMBER

591-3694229

SOCIAL SECURITY NUMBER

5915-95-8429

NAICS NUMBER

85

MAIL COMPLETED RETURN TO:



85000457089

ABE SKINNER, CFA
COLLIER COUNTY PROPERTY APPRAISER
3301 TAMiami TRAIL E., BLDG. C-2
NAPLES, FL 34112-4996

BUSINESS NAME (DBA) AND MAILING ADDRESS:



85



ARCINIEGAS, NELLY WADMAN
GRADING SERVICE
3115 CONNECTICUT AVE
NAPLES FL 34112-3825

DOR CODE:

BUSINESS TYPE:

If name or address is incorrect, please make necessary corrections.

~~THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU. INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.~~

1. Please Give Name and Telephone Number of Owner or Person in Charge.

Name: NELLY WADMAN

Tel. #: 732-2005

Fax #:

Corp Name/DBA: Nelly's Bobcat Service Co.

2. Actual Physical Location of This Property (Street Address - NOT PO BOX):

3115 CONNECTICUT AVE, NAPLES FL 34112

3. Is Your Business or Farm Located Within the Incorporated Limits of a City?

Yes ☐ No ☐ If Yes, what City?

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name?

Yes ☐ No ☐ If Yes, Please Show Name Exactly as it Appeared on your

Most Recent Personal Property Tax Bill or Current Return

5. Date You Began Business in This County: DECEMBER 7, 2000

Fiscal Year: From _____ to _____

6. Describe Type or Nature of Your Business: GRADING

7. Trade Level: (Circle as many as apply) Retail Wholesale Manufacturing

Professional ☒ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other

8. Did You File a Tangible Personal Property Return in This County Last Year?

Yes ☐ No ☐ If Yes, Under what Name and Address?

9. Former Owner of the Business: Nelly Wadman

9a. If Business Sold, To whom? _____ Date _____

SCHEDULE #1

LEASED, LOANED, AND RENTED EQUIPMENT (PLEASE COMPLETE IF YOU HOLD EQUIPMENT BELONGING TO OTHERS.)

NAME AND ADDRESS OF OWNER OR LESSOR	DESCRIPTION	YEAR ACQUIRED	YEAR OF MFG	RENT PER MONTH	RETAIL INSTALLED COST NEW

SCHEDULE #2

EQUIPMENT OWNED BY YOU BUT RENTED, LEASED, OR HELD BY OTHERS

LEASE NO.	NAME/ADDRESS OF LESSEE ACTUAL PHYSICAL LOCATION	DESCRIPTION	YEAR PURCHASED	RENT PER MONTH	TERM	FAIR MARKET VALUE	TAXPAYER'S ESTIMATE OF CONDITION (GOOD) (AVG.) (POOR)	RETAIL-INSTALLED COST NEW

Under penalties of perjury, I declare that I have read the foregoing tax return and that the facts stated in it are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that his/her declaration is based on all information of which he/she has any knowledge.

DATE: Jan 26/2001 Owner:

SIGNED: [Signature]
(TAXPAYER SIGNATURE REQUIRED)

SIGNED: _____
(PREPARER)

ADDRESS: _____

PHONE NO: _____ PREPARER'S ID: _____

LESS EXEMPTION: [] WIDOW [] WIDOWER [] BLIND
[] TOTAL DISABILITY [] OTHER

TAXABLE VALUE

DEPUTY

PENALTY

**PLEASE SIGN AND DATE YOUR RETURN. SEND THIS ORIGINAL TO THE
COUNTY APPRAISER'S OFFICE BY APRIL 1st. UNSIGNED RETURNS CANNOT
BE ACCEPTED BY THE APPRAISER'S OFFICE.**

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S, OR DISABILITY
EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE),
PLEASE CONSULT APPRAISER.

ALL INFORMATION ON BOTH SIDES MUST BE COMPLETED IN FULL TO BE A VALID RETURN