

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90152 005 ***150.00

DOCUMENT # P00000110309

1. Entity Name
RPH OF NAPLES, INC.



Principal Place of Business
**5692 STRAND COURT, SUITE 1
NAPLES FL 34110**

Mailing Address
**5692 STRAND COURT, SUITE 1
NAPLES FL 34110**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6020 24TH AVE. N.W.
Suite, Apt. #, etc.

3. Mailing Address
6020 24TH AVE. N.W.
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
65-1094049

Applied For
☐ Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARDY, ROBERT PAUL
5692 STRAND CT #1
NAPLES FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
TOLSON, RENEE
5692 STRAND CT #1
NAPLES FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-591-2120

Daytime Phone #

CR2F034 (10/02)