2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113574

04-17-2001 90080 040 ***150.00
P00000113574

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

~~SUN-N-SAND, INC. OF NAPLES~~ SUN-N-SAND OF NAPLES, INC.
n/c 4/17/01

Principal Place of Business	Mailing Address
3211 LANCASTER DR. #2 NAPLES FL 34105	3211 LANCASTER DR. #2 NAPLES FL 34105

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ 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
PRICE, R. SCOTT 2640 GOLDEN GATE PKWY, STE 115 NAPLES FL 34105	Name: NOVATT, JEFF M. Street Address (P.O. Box Number is Not Acceptable): Cheffy, Passidomo, Wilson & Johnson, LLP 821 Fifth Avenue South, Suite 201 City: Naples FL Zip Code: 34102

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: Jeff M. Novatt, Esq. 3/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 VAN HOBOKEN, WILLIAM 3211 LANCASTER DR, #2 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VAN HOBOKEN, WILLEM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN HOBOKEN, URSULA 3211 LANCASTER DR, #2 NAPLES FL 34105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 like empowered.

SIGNATURE: W. VAN HOBOKEN 4/5/01 (941) 403 3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/18