

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90089 021 \*\*\*158.75

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**DOCUMENT # P00000113634**

1. Entity Name

**NAPLES ELITE REALTY, INC.**



Principal Place of Business  
**3121 ORANGE GROVE TRAIL  
NAPLES FL 34108**

Mailing Address  
**3121 ORANGE GROVE TRAIL  
NAPLES FL 34108**

2. Principal Place of Business

**5274 GOLDEN GATE PKWY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 2**

City & State

**NAPLES FL**

City & State

City & State

Zip

**34108**

Country

**U.S.A.**

Zip

Country

Country

Country

4. FEI Number

**59-3691324**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required.

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOEDE, JOHN ESQ.  
5811 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DUCHARME, ROBERT**  
CITY-ST-ZIP **3121 ORANGE GROVE TRAIL  
NAPLES FL 34108**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

**DUCHARME, ROBERT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-16-2003**  
Date

**239-352-3006**  
Daytime Phone #

CR2E034 (10/02)