

2002 UNIFORM BUSINESS REPORT (UBR)

3/20

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-20-2002 90011 031 ***150.00

DOCUMENT # P01000014759

1. Entity Name

OCCASIONS OF NAPLES INC.

Principal Place of Business

730 BAY TREE CT.
NAPLES FL 34108

Mailing Address

730 BAY TREE CT.
NAPLES FL 34108

2. Principal Place of Business

9853 TAMiami TRAIL North

3. Mailing Address

9853 TAMiami TRAIL North

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

Zip

34108

Country

COLLIER

Zip

34108

Country

COLLIER

4. FEI Number

59-3696913

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

ROLLER, PETRA
RIVERCHASE SHOPPING CENTER
11232 TAMiami TRAIL N.
NAPLES FL 34110

Name

MARK HAYTON

Street Address (P.O. Box Number is Not Acceptable)

730 BAY TREE COURT

City

NAPLES

FL

Zip Code

34108

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAYTON, MARK, PRESIDENT	
STREET ADDRESS	730 BAY TREE CT.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TRACY L. RADTKE, V. PRESIDENT	<input type="checkbox"/> Delete
NAME	7741 PEBBLE CREEK DR. #301	
STREET ADDRESS	Naples, FL 34108	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02

Date

941-592-6878

Daytime Phone #

CR2E034 (9/01)