FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OMITORM DOSIM	199 HEPORI	(ODD)		
DOCUMENT # 70 \ COCO 32430			FILED	
Naples Mastercraftsman Inc.			02 AUG 23 PM 12: 39	
DO NOT WRITE IN THIS SPACE			300007	1Y OF STATE SEE, FLORIDA 538634 70201029033
2. Principal Place of Business 147-13 Bristd LANE Suite, Apt. #, etc.	std Lane 3. Mailing Address Bristol Lane Suite, Apt. #, etc.			70.00 *****70.00 TEIN THIS SPACE
City & State FL.	City & State Naples FL.		4. FEI Number 6 5 - 1087.	SO2 Applied For Not Applicable
34//2 Collier	34112	Country Collier	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT W IN THIS SE	147-	Street Address (P.O. Box Number is Not Acceptable) 147-13 Bristol Lake City Naples FL Zip Code 34/12		
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 John F. Glowatch Pres. John C Slowatch 8-20-02 Signature, typed or printed name of registered agent and tatle 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) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			10. Election Campaign Fi Trust Fund Contribution	_ _ _
11. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND OFFICERS AND AND OFFICERS AND NAME NAME	Glowatch	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP Naples F	Glowatch A More Dr 2. 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP NAME VANIS VANIS	tol Lane . 34112	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP THE Sec. JANIS Glov And Name	Watch Lane 341/2	NAME STREET ADDRESS CITY-ST-ZIP	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		inst
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 on an attachment with an address, with all other like empowered.				

231-2/2-// 1C