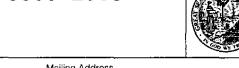
04-14-2003 90340 035 ***150.00

FILED 2003 FOR PROFIT CORPORATION Apr 14, 2003 8:00 am Secretary of State P01000042506 DOCUMENT

UNIFORM BUSINESS REPORT (UBR

1. Entity Name

AZURE OF NAPLES, INC.



Principal Place of Business Mailing Address 4200 SHORE BLVD. NORTH 4200 SHORE BLVD. NORTH NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 75-3013845 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CATALANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable)
4001 TAMIAMI TRAIL NORTH, STE. 40001 TAMIAMI TRAIL NORTH, STE. 404 NAPLES FL 34103 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete TITLE LUTGERT, SCOTT F NAME NAME 4200 GULF SHORE BLVD. NORTH STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP ٧S ☐ Delete TITLE ☐ Change ☐ Addition NAME BAKER, RICHARD J NAME STREET ADDRESS 4200 GULF SHORE BLVD, NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE VΤ ☐ Delete ☐ Change Addition NAME GUTMAN, HOWARD B NAME STREET ADDRESS 4200 GULF SHORE BLVD. NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tiple and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director verge to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplements of the corporation or the receiver or tri changed, or on an attachment with ar

NAMÉ STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

261-6100

☐ Change

Addition