# 2003 FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**   P01000065997

**1.** Entity Name

**BONNE NUIT FINE LINEN, INC.**

0108009  AV

| Principal Place of Business | Mailing Address |
|---|---|
| 26795 SOUTH BAY DRIVE | 26795 SOUTH BAY DRIVE |
| SUITE 166 | SUITE 166 |
| BONITA SPRINGS FL 34134 | BONITA SPRINGS FL 34134 |

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. *Suite 160* | Suite, Apt. #, etc. *Suite 160* |
| City & State | City & State |
| Zip  Country | Zip  Country |

☒ CHECK HERE IF MAKING CHANGES

**4.** FEI Number  **59-3730303**    | 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 |
|---|---|
| LOTTES, KEVIN R ESQ. | Name |
| 5801 PELICAN BAY BOULEVARD | Street Address (P.O. Box Number is Not Acceptable) |
| SUITE 300 |  |
| NAPLES FL 34108-2709 | 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  *Dara Hall*      DATE *7/16/03*

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

**FILE NOW!!! FEE IS $550.00**
After September 10, 2003 Fee will be $750.00
**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 | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE **P** | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME **HALL, DARA** | | NAME | | |
| STREET ADDRESS **111 NAPA RIDGE WAY** | | STREET ADDRESS | | |
| CITY-ST-ZIP **NAPLES FL 34119** | | CITY-ST-ZIP | | |
| TITLE | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |
| TITLE | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
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| TITLE | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
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| TITLE | ☐ Delete | TITLE | ☐ Change | ☐ Addition |
| NAME | | NAME | | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | |

CR2E034 (4/03)

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  SIGNATURE REQUIRED    *7/16/03*  *239-949-4646*

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