

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92126 001 ***317.50

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DOCUMENT # P01000077014

1. Entity Name
NAPLES BAY GROUP, INC.



Principal Place of Business
**625 EAGLE CREEK DRIVE
NAPLES FL 34113**

Mailing Address
**625 EAGLE CREEK DRIVE
NAPLES FL 34113**

2. Principal Place of Business

3. Mailing Address

2340 Stanford Court
Suite, Apt. #, etc.

2340 Stanford Court
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Naples Florida

City & State
Naples Florida

4. FEI Number **59-3738250**

Applied For
 Not Applicable

Zip **34112** Country **US**

Zip **34112** Country **US**

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

**AMICO, DAVID J
625 EAGLE CREEK DRIVE
NAPLES FL 34113**

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 _____ DATE **3/10/03**
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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	AMICO, DAVID J	
STREET ADDRESS	625 EAGLE CREEK DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HASH, JOHN	
STREET ADDRESS	625 EAGLE CREEK DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	TOMPkins, KEITH	
STREET ADDRESS	625 EAGLE CREEK DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
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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: **SIGNATURE REQUIRED** **3/10/03** **239-280-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)