

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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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 **2340 Stanford Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Naples Florida
Zip
34112
Country
US

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Naples Florida
Zip
34112
Country
US

4. FEI Number **59-3738250**

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

**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 *David J Amico* *3/10/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PDT	AMICO, DAVID J		
625 EAGLE CREEK DR	625 EAGLE CREEK DR		
NAPLES FL 34119	NAPLES FL 34119		
VSD	HASH, JOHN		
625 EAGLE CREEK DR	625 EAGLE CREEK DR		
NAPLES FL 34119	NAPLES FL 34119		
VASD	TOMPkins, KEITH		
625 EAGLE CREEK DR	625 EAGLE CREEK DR		
NAPLES FL 34119	NAPLES FL 34119		

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: *David J Amico* *3/10/03* *239-280-1400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)