

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90690 022 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004377

1. Entity Name
R & B ENTERPRISES OF NAPLES, INC



Principal Place of Business
1890 ELSA STREET
NAPLES, FL 34109

Mailing Address
1890 ELSA STREET
NAPLES, FL 34109

2. Principal Place of Business

2130 CORPORATION BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34109

Country

COLLIER

Zip

Country

4. FEI Number

59-3510846

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DRACE, NAT
1890 ELSA STREET
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2130 CORPORATION BLVD

City

NAPLES

FL

Zip Code

34109

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-03

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	DIEUJUSTE, RICOT	1890 ELSA STREET	NAPLES, FL 34109	☐
V	DRACE, THOMAS N JR	1890 ELSA STREET	NAPLES, FL 34109	☐
V	DIEUJUSTE, BURTEAU	1890 ELSA STREET	NAPLES, FL 34109	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
	2130 CORPORATION BLVD	NAPLES, FL 34109		☒
	2130 CORPORATION BLVD	NAPLES, FL 34109		☒
	2130 CORPORATION BLVD	NAPLES, FL 34109		☒
				☐
				☐
				☐
				☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 239-597-2848

Date

Daytime Phone #

CR2E034 (10/02)