

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046981

1. Entity Name
MILES REALTY OF NAPLES, INC.



Principal Place of Business
293 WILLOUGHBY DR EXT
NAPLES FL 34110

Mailing Address
293 WILLOUGHBY DR EXT
NAPLES FL 34110

FILED
04 APR 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1903 TARPON BAY DR. N.
Suite, Apt. #, etc.

3. Mailing Address
1903 TARPON BAY DR. N.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
30-0075418

Applied For
Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

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

MILES, RICHARD E
293 WILLOUGHBY DR EXT
NAPLES FL 34110

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard E. Miles
1903 Tarpon Bay Dr. N.
Naples, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000034074750 ☐ Change ☐ Addition
04/27/04--01041--007 **150.00

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Richard E. Miles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04 239-592-5428

CR2E034 (10/02)

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