

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067930

1. Entity Name

SUNBELT ENTERPRISES OF NAPLES, INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 11 AM 10:17

Principal Place of Business

3446 SANTIAGO WAY  
NAPLES FL 34105

Mailing Address

3446 SANTIAGO WAY  
NAPLES FL 34105

2. Principal Place of Business

3574 SANTIAGO WAY

3. Mailing Address

3574 SANTIAGO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
NAPLES, FL

City & State  
NAPLES, Florida

4. FEI Number

02-0618602

Applied For

Not Applicable

Zip  
34105

Country  
USA

Zip  
34105

Country  
USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DIAN M  
1842 40TH TERR SW  
NAPLES FL 34116

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-30-03

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANE, MICHAEL J 3446 SANTIAGO WAY NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kane Michael 3574 SANTIAGO WAY NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400022287614 08/13/03--01055--001 **83.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600017666606 05/06/03 60221 016 \$67.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Let 8/11/03	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-03

CR2E034 (4/03)

2 of 3

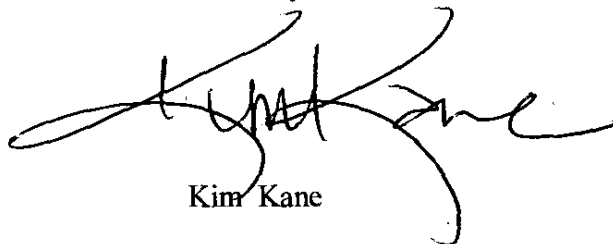
JULY 24, 2003

BRENDA TADLOCK  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

DEAR BRENDA,

Thank you so much for all of your help the other day on the phone. Re: The uniform business report. I made the mistake of filing the wrong report online. As you can see on the attached form. My intentions were to file my uniform business report. Please file for me and I have enclosed \$83.00 for the difference. If you have any questions please contact me at 239-775-7715wk or at home 239-430-1542. I can not thank you enough for helping us out.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Kane", with a large, sweeping flourish extending from the end of the name.

Kim Kane

Florida Department of State Division of Corporations

www.sos.state.fl.us

Electronic Filing

## Online Payment System

<b>Transaction Amount:</b>	\$70.00
<b>Email Address:</b>	MJKCNAPLES@AOL.COM
<b>Date/Time Paid:</b>	04/30/2003 20:14:13
<b>Payment ID Number:</b>	1182136
<b>Reference Number:</b>	600017666606
Thank you for using the LINK2GOV Online Payment System. <b>Print this receipt for your records.</b>	

[Continue](#)