

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90196 011 ***150.00

DOCUMENT # P02000122968

1. Entity Name
INTERIOR IMPROVEMENTS OF NAPLES INC



Principal Place of Business
6166 SHIRLEY STREET
NAPLES FL 34109

Mailing Address
PO BOX 10684
NAPLES FL 34101

2. Principal Place of Business

18652 Sarasota Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10684
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FT. Myers FL

Zip
33912

Country
Lee

City & State
Naples FL

Zip
34101

Country
Collier

4. FEI Number
22-3881568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JANICKI, JOSEPH
6166 SHIRLEY STREET
NAPLES FL 34109

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
JANICKI, JOSEPH
STREET ADDRESS
18652 SARASOTA RD
CITY-ST-ZIP
FT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03 **404-4456**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80143190

#P02000122968

INTERIOR IMPROVEMENTS
OF NAPLES INC.

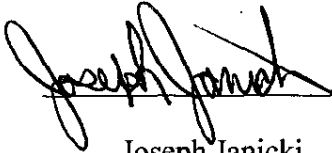
Aug. 29, 2003

P.O. box 10684
Naples fl, 34101
Lic. # 030784

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To whom it may concern, the Corporation of Interior Improvements of Naples, was unaware, and did not receive notice of filing this report. This is our first year in business, and we are still learning corporation requirements. Thanks for your time and understanding. If you have any questions please feel free to call our office at (239)-404-445. Thank- you and have a nice day.

Sincerely,



Joseph Janicki