

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000124034**

1. Entity Name  
**NAPLES PRO ESTATE CARE, INC.**



Principal Place of Business  
**1306 WILDWOOD LAKE BLVD., APT 2  
NAPLES FL 34104**

Mailing Address  
**1306 WILDWOOD LAKE BLVD., APT 2  
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-1162451**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCLANAHAN, PATRICK M  
1306 WILDWOOD LAKE BLVD., APT 2  
NAPLES FL 34104**

**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 \$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**

**D  
MCCLANAHAN, PATRICK M  
1306 WILDWOOD LAKE BLVD., APT 2  
NAPLES FL 34104**

Delete

Delete

Delete

Delete

Delete

Delete

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**D  
MCCLANAHAN, PATRICK M  
1306 WILDWOOD LAKE BLVD., APT 2  
NAPLES FL 34104**

**TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/03**

**239-248-7289**

Date

Daytime Phone #

CR2E034 (10/02)