

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90111 017 ***150.00

DOCUMENT # P93000003784

1. Entity Name
KRISTY K. CLEARY, INC.



Principal Place of Business
**180 PEBBLE SHORES DRIVE
SUITE 101
NAPLES FL 34110**

Mailing Address
**180 PEBBLE SHORES DRIVE
SUITE 101
NAPLES FL 34110
US**

2. Principal Place of Business

1865 Les CHATEAUX BLVD

Suite, Apt. #, etc.

203

City & State
NAPLES FLA

Zip Country
34101

3. Mailing Address

(Same)

Suite, Apt. #, etc.

City & State

Zip Country
34101

60021183



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0392337**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL G
2171 PINE RIDGE ROAD SUITE D
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **NANCY O. ROSSI**
Street Address (P.O. Box Number is Not Acceptable)
1865 Les CHATEAUX BLVD
203
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 **Nancy O. Rossi**
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

TITLE **PD** ☐ Delete
NAME **ROSSI, NANCY**
STREET ADDRESS **180 PEBBLE SHORES DRIVE SUITE 101**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VPD** ☐ Delete
NAME **KNOX, RICHARD**
STREET ADDRESS **P.O. BOX 711**
CITY-ST-ZIP **SAINT JAMES CITY FL 33956**

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 address** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1865 Les**
CITY-ST-ZIP

TITLE **OK** ☐ Change ☐ Addition
NAME **CHATEAUX**
STREET ADDRESS **BLVD # 203**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **NAPLES, FLA**
STREET ADDRESS **34109**
CITY-ST-ZIP

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

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: **Nancy O. Rossi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03 **239-597-8121**
Date Daytime Phone #

06396885 AV

CR2E034 (10/02)