

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90056 013 \*\*\*150.00

0496658 AV

**DOCUMENT # P93000066075**

1. Entity Name

**LOVE NAPLES RENTALS & SALES, INC.**

Principal Place of Business

**6706 LONE OAK BLVD.  
 NAPLES FL 34109  
 US**

Mailing Address

**2335 TAMiami TRAIL N.  
 STE. 409  
 NAPLES FL 34103  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0491092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS, RAYMOND L JR  
 2335 TAMiami TRAIL NORTH  
 STE. 409  
 NAPLES FL 34103**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GNIPP, THOMAS A. 6706 LONE OAK BLVD. NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCCASLIN, EILEEN 711-B (A1A) BEACH BLVD. ST. AUGUSTINE FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eileen McCaslin*  
 EILEEN MCCASLIN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/1/02-941-352-1121*

CR2E034 (9/01)

ATTACH DOC# P93000066075

**BASS & CHERNOFF**

Attorneys at Law  
The Moorings Professional Building  
2335 Tamiami Trail North, Suite 409  
Naples, Florida 34103-4459

bass-chernoff@att.net

348188

**Raymond L. Bass, Jr., Esq.**

Trial Practice  
Construction Law  
Personal Injury & Wrongful Death

**Fax**  
(941) 262-4025

**Holly B. Chernoff, Esq.**

Family Law Practice  
Certified Family Law Mediator  
Real Estate & Title Insurance  
Estate Planning & Probate Administration

**Telephone**  
(941) 262-4555

March 6, 2002

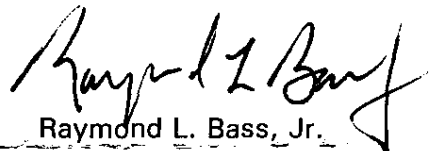
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Love Naples Rentals & Sales, Inc.

Dear Sir or Madam:

Enclosed please find my firm's check in the amount of \$150.00 representing the filing fee which accompanies the attached 2002 Uniform Business Report (UBR).

Sincerely,

  
Raymond L. Bass, Jr.

RLB/gm  
Enclosures