

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90030 010 ***150.00

DOCUMENT # P94000025928

1. Entity Name
NAPLES CONSTRUCTION SERVICES, INC.

Principal Place of Business Mailing Address
2320 CREVE COEUR MILL RD **POB 2501**
MARYLAND HEIGHTS MO 63043-8501 **MARYLAND HEIGHTS MO 63043-8501**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0493549** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, STEVEN W
2000 MAIN ST
STE 600
FT MYERS FL 33901

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 _____ (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	VCP	<input type="checkbox"/> Delete
NAME	DUNNE, THOMAS P JR	
STREET ADDRESS	2320 CREVE COEUR MILL RD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAY, CHARLES E	
STREET ADDRESS	2320 CREVE COEUR MILL RD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DUNNE, THOMAS P SR	
STREET ADDRESS	2320 CREVE COEUR MILL ROAD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALEXANDER, WENDY C	
STREET ADDRESS	2320 CREVE COEUR MILL RD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BARTA, THOMAS E	
STREET ADDRESS	2320 CREVE COEUR MILL ROAD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISH, JASON G	
STREET ADDRESS	2320 CREVE COEUR MILL RD	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Wendy C Alexander **Wendy C. Alexander** **Treasurer** **2/19/02** **314-344-0070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)