

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047848

1. Entity Name
CONCIERGE OF NAPLES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90343 039 ***150.00

Principal Place of Business Mailing Address
6555 VALEN WAY #103 6555 VALEN WAY #103
NAPLES FL 34108 NAPLES FL 34108
US US

2. Principal Place of Business 3. Mailing Address
13 LAS BRISAS WAY 13 LAS BRISAS WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples FL Naples FL
Zip Country Zip Country
34108 US 34108 US

4. FEI Number 65-0508340
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOBBS, JANICE A
6555 VALEN WAY #103
NAPLES FL 33963

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
13 LAS BRISAS WAY
City Naples FL Zip Code 34108

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, JANICE A.		NAME		
STREET ADDRESS	13 LAS BRISAS WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Janice A. Hobbs Janice A. Hobbs 2/26/01 941-435-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)