

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050072

1. Entity Name

NAPLES PLASTERING AND DRYWALL, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90458 028 \*\*\*150.00

Principal Place of Business

3082 TERRACE AVENUE  
NAPLES FL 34104

Mailing Address

3082 TERRACE AVENUE  
NAPLES FL 34104

00005173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4200 Enterprise Ave

Suite, Apt. #, etc.

Suite A-3

Naples Florida

Zip 34104

Country US

3. Mailing Address

4200 Enterprise Ave

Suite, Apt. #, etc.

Suite A-3

Naples Florida

Zip 34104

Country US

4. FEI Number 65-0505813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTONASTASO, MARLENE  
4450 23RD AVE SW  
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name Mark Tate Sr.

Street Address (P.O. Box Number is Not Acceptable)  
149 Trinidad Street

City Naples Florida 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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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, 2001 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

TITLE P  
NAME SANTONASTASO, MARLENE  
STREET ADDRESS 4450 23RD AVE SW  
CITY-ST-ZIP NAPLES FL 34116

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec  
NAME Marlene Santonastaso  
STREET ADDRESS 4450 23RD AVE SW  
CITY-ST-ZIP Naples, Florida 34116

☒ Change ☐ Addition

TITLE President  
NAME Mark Tate Sr.  
STREET ADDRESS 149 Trinidad Street  
CITY-ST-ZIP Naples, Florida

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01 941-793-3363

CR2E034 (10/00)