

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90011 043 ***150.00

DOCUMENT # P94000058947

1. Entity Name
A+ NAPLES DISCOUNT AUTO INSURANCE, INC.

Principal Place of Business
**1450 AIRPORT ROAD NORTH
 SUITE A
 NAPLES FL 33942**

Mailing Address
**1450 AIRPORT ROAD NORTH
 SUITE A
 NAPLES FL 33942**



2. Principal Place of Business
**971 Airport Rd - N
 Suite, Apt. #, etc.
 #5 Naples Fla**

3. Mailing Address
**971 Airport Rd - N
 Suite, Apt. #, etc.
 #5 Naples Fla**

DO NOT WRITE IN THIS SPACE

City & State

City & State
34101

4. FEI Number **65-0510607**

Applied For
 Not Applicable

Zip
34101

Country
Collier

Zip
34101

Country
Collier

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

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 Delete
PD
 NAME **HOLZINGER, THERESE**
 STREET ADDRESS **1450 AIRPORT ROAD NORTH**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VST**
 STREET ADDRESS **HOLZINGER, WILLIAM L**
 CITY-ST-ZIP **-1450 AIRPORT RD NORTH**
NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: **THOLZINGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2002
 Date

941-643-1818
 Daytime Phone #

CR2E034 (9/01)