## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P94000087068 DOCLIMENT #



## **FILED** May 01, 2003 8:00 am Secretary of State

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1. Entity Nan			77 000				05-01-2003 90337 028 ***158.75		
Principal Place of Business 5850 YAHL STREET SUITE 1 NAPLES FL 34109 US 2. Principal Place of Business			Mailing Address 5650 YAHL STREET SUITE 1 NAPLES FL 34109 US 3. Mailing Address						
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Stat	ie	City & State		4.	FEI Number 65-0536902 Applied For Not Applied For				
Zíp	Country	Zip	<del> </del>	Count	lry	5. (	Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Register	ed Agent	┸╼╌		7. [	Name and Address of New Registered Agent		
					Name				
KELLY, M	ARGARET M.				Stroot Adding	e (D O P	Box Number is Not Acceptable)		
5650 YAH	il st			ļ	Silver Addres	5 (F.U. 8	30X Multiper is that Acceptable)		
STE 1				. [					
NAPLES I	FL 34109				City		<b>□</b> Zip Code		
	<u> </u>			i			FL Zip Code gent, or both, in the State of Florida. Lam familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered age  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00		olicable. (NOT	E: Registered	I Agent signature requ	fred when re	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Make Check	R Payable to Florida Department	of State	,				Most Found Continuotion: Added to Fees		
10.	OFFICERS AN	D DIRECTO	ORS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, MARGARET M. 5650 YAHL ST STE 1 NAPLES FL	•	Delete		i		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBALO, HENRY J. 5650 YAHL ST STE 1 NAPLES FL		☐ Delete	1	ſ		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONNESS, VIRGINIA M 5650 YAHL ST STE A NAPLES FL 34109		Delete		ſ	- ** [	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYON, MICHAEL M 5650 YAHL ST STE 1 NAPLES FL 34104		☐ Delete		ſ		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Delete		T ADDRESS		☐ Change ☐ Addition		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.