

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90077 043 ***150.00

DOCUMENT # P95000007553

1. Entity Name
D & J OF NAPLES, INC.



Principal Place of Business
**3517 DORA ST
FORT MYERS FL 33916
US**

Mailing Address
**3517 DORA ST
FORT MYERS FL 33916
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0551482**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~DESANCTIS, DONNA
3517 DORA STREET
FORT MYERS FL 33916~~

Name **Dennis DiDonna**

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

3517 DORA Street

City **FORT MYERS**

FL

Zip Code **33916**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DESANCTIS, DONNA**
STREET ADDRESS **1490 OAKS BLVD.**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **President** ☒ Change ☐ Addition
NAME **Dennis DiDonna**
STREET ADDRESS **1817 PRINCESS CT**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VP** ☐ Delete
NAME **DESANCTIS, VIC**
STREET ADDRESS **12872 KEDLESTON CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **Vice President, Sec/Treasurer** ☒ Change ☐ Addition
NAME **JIM GABRILO**
STREET ADDRESS **11238 FIVE OAKS LANE**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-03

Date

512 461 5387

Daytime Phone #

CR2E034 (10/02)