

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009046

1. Entity Name

MAL ENTERPRISES OF NAPLES, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90007 032 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 10493
NAPLES FL 34101

P.O. BOX 10493
NAPLES FL 34101

2. Principal Place of Business

3557 Kent Drive

3. Mailing Address

3557 Kent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

Zip

34112

Country

USA

Zip

34112

Country

USA

4. FEI Number

59-3290872

Applied For

Not Applicable

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

LYKINS, ANTHONY W
1287 11TH CT., NORTH
NAPLES FL 34102

Name

ANTHONY W. LYKINS

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

3557 Kent Drive

City

Naples

FL

Zip Code

34112

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

Anthony W. Lykins

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

(NOTE: Registered Agent signature required when reinstating)

4-24-01

DATE

9. This corporation is eligible to satisfy its Intangible

-Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LYKINS, ANTHONY W
1287 11TH CT., NORTH
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LYKINS, MARY L
1287 11TH CT., NORTH
NAPLES FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MATHEIS, R.A.
203 BAHIA PT.
NAPLES FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres.
ANTHONY W. Lykins
3557 Kent Drive
Naples, FL 34112 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Charles M. Lykins
307 Mel Jen Drive
Naples, FL 34105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Paul D. Lykins
1302 Woodridge Ave
Naples, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Tonia M. Lykins
3557 Kent Drive
Naples, FL 34112 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

Daytime Phone #

CR2E034 (10/00)