

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000009046

1. Entity Name
MAL ENTERPRISES OF NAPLES, INC.



Principal Place of Business
**3557 KENT DRIVE
NAPLES FL 34112**

Mailing Address
**3557 KENT DRIVE
NAPLES FL 34112**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90075 047 ***150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3290872**

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

**LYKINS, ANTHONY W
3557 KENT DRIVE
NAPLES FL 34112**

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

SIGNATURE *Anthony W. Lykins*

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

(NOTE: Registered Agent signature required when reinstating)

2-5-03

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 ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	LYKINS, ANTHONY W	
STREET ADDRESS	3557 KENT DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYKINS, CHARLES M	
STREET ADDRESS	307 MEL JEN DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYKINS, PAUL D	
STREET ADDRESS	1302 WOODRIDGE AVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYKINS, TONIA M	
STREET ADDRESS	3557 KENT DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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: *Anthony W. Lykins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

Date

Daytime Phone #

CR2E034 (10/02)