

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90201 019 \*\*\*150.00

**DOCUMENT # P95000022597**

**1. Entity Name**  
**THE STRAND DEVELOPMENT CORPORATION OF NAPLES**



**Principal Place of Business**  
**5692 STRAND COURT**  
**SUITE #1**  
**NAPLES FL 34110**  
**US**

**Mailing Address**  
**5692 STRAND COURT**  
**SUITE #1**  
**NAPLES FL 34110**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0567795**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SALVATORI, LEO**  
**4501 TAMiami TRAIL N**  
**STE 300**  
**NAPLES FL 34103**

**7. Name and Address of New Registered Agent**

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**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | HARDEY, PAUL                |  |
| STREET ADDRESS | 5692 STRAND COURT, SUITE #1 |  |
| CITY-ST-ZIP    | NAPLES FL 34110             |  |
| TITLE          | DST                         | <input checked="" type="checkbox"/> Delete |
| NAME           | TOLSON, RENEE               |  |
| STREET ADDRESS | 5692 STRAND COURT, SUITE #1 |  |
| CITY-ST-ZIP    | NAPLES FL 34110             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                   |   |
|----------------|-------------------|---|
| TITLE          | PD                | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BRUCE NELSON      |   |
| STREET ADDRESS | 5840 STRAND BLVD. |   |
| CITY-ST-ZIP    | NAPLES, FL 34110  |   |
| TITLE          | KIRK WARE         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | KIRK WARE         |   |
| STREET ADDRESS | 5840 STRAND BLVD. |   |
| CITY-ST-ZIP    | NAPLES, FL 34110  |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 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:**

*Signature of Donalson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/14/03** **239-592-7710**  
Date Daytime Phone #

CR2E034 (10/02)