

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90012 018 ***150.00

DOCUMENT # P95000028121

1. Corporation Name

~~THE REYNOLDS FINANCIAL GROUP, INC.~~

BUSINESS SOLUTIONS OF NAPLES, INC.

Principal Place of Business

4501 N 9TH ST
SUITE 212
NAPLES FL 33940
US

Mailing Address

4501 N 9TH ST
SUITE 212
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

65-0567585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 800 SEAGATE DRIVE

2a. Mailing Address

26 800 SEAGATE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #202

27 #202

City & State

City & State

23 NAPLES FL

28 NAPLES FL

Zip Country

Zip Country

24 34103 25 COLLIER

29 34103 30 COLLIER

9. Name and Address of Current Registered Agent

REYNOLDS, NANCY K
4501 N 9TH STREET
SUITE 212
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME REYNOLDS, NANCY K
STREET ADDRESS 4845 WEST BLVD.
CITY-ST-ZIP NAPLES FL 33940

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D
1.2 NAME JEFFREY E REYNOLDS
1.3 STREET ADDRESS 4845 WEST BLVD
1.4 CITY-ST-ZIP NAPLES FL 34103

☒ Change ☐ Addition

2.1 TITLE T
2.2 NAME SUE GOBY
2.3 STREET ADDRESS 800 SEAGATE DRIVE #202
2.4 CITY-ST-ZIP NAPLES FL

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/99

Daytime Phone #

CR2E034 (1/1/98)

0455640