

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049463

1. Entity Name

T & L ENTERPRISES OF NAPLES, INC.

Principal Place of Business

582 9TH STREET SOUTH  
NAPLES FL 34102

Mailing Address

6021 28TH AVE S.W.  
NAPLES FL 34116-7444  
US

2. Principal Place of Business

3. Mailing Address

6021 Painted Leaf Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL

4. FEI Number

65-0592907

Applied For

Not Applicable

Zip

Country

Zip

Country

34116

Collier

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

FERGUSON, LAURIE D  
6021 28TH AVE S.W.  
NAPLES FL 34116

Name

Laurie M. Ferguson

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

6021 Painted Leaf Ln.

City

Naples

FL

Zip Code

34116

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

Laurie M. Ferguson

Laurie M. Ferguson

4-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	D FERGUSON, LAURIE D 3400 FROSTY WAY #1 NAPLES FL 33962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, THEODORE M 3400 FROSTY WAY #1 NAPLES FL 33962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laurie M. Ferguson 6021 Painted Leaf Ln. Naples, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theodore M. Ferguson 6021 Painted Leaf Ln. Naples, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Laurie M. Ferguson

4-24-00

Date

941-263-4644  
941-348-8828

Daytime Phone #

CR2E034 (9/99)