

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90004 011 ***150.00

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 PAINTED LEAF LN
 NAPLES FL 34116
 US**

2. Principal Place of Business

3. Mailing Address

3400 Frosty Way #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

Zip

Country

Zip

Country

34112

Collier

4. FEI Number

65-0592907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FERGUSON, LAURIE M
 3021 PAINTED LEAF LN
 NAPLES FL 34116**

7. Name and Address of New Registered Agent

Name

Laurie A. MacKinnon

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

3400 Frosty Way #1

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 **Laurie A. MacKinnon**

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

Laurie A. MacKinnon

(NOTE: Registered Agent signature required when reinstating)

4-17-02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, LAURIE M	
STREET ADDRESS	6021 PAINTED LEAF LN	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, THEODORE M	
STREET ADDRESS	3021 PAINTED LEAF LN	
CITY-ST-ZIP	NAPLES FL 34116	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 A. MacKinnon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02 239-263-4644

CR2E034 (9/01)