

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90777 028 ***150.00

DOCUMENT # P95000050390

1. Entity Name

BOLTON, LTD. OF NAPLES, INC.

Principal Place of Business

**400 FIFTH AVE SOUTH
 #302
 NAPLES FL 34102
 US**

Mailing Address

**400 FIFTH AVE SOUTH
 #302
 NAPLES FL 34102
 US**

2. Principal Place of Business

3940 Prospect Avenue

3. Mailing Address

3940 Prospect Avenue

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

Naples, FL

City & State

Naples FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-0604033

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CLASP, INC.

% CUMMINGS & LOCKWOOD

3001 TAMiami TRAIL NORTH, 4TH FLOOR

NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **Chad N. Ott**

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

3940 Prospect Avenue #102

City

Naples

FL

Zip Code

34104

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

Chad N. Ott

Chad N. Ott

04/16/02

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, 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 **PD** ☐ Delete
 NAME **DRACKETT, LUCILLE M**
 STREET ADDRESS **3150 GREEN DOLPHIN LANE**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE **VP** ☐ Delete
 NAME **OTT, R. CHRISTOPHER**
 STREET ADDRESS **2700 TREASURE LANE**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **555 Admiralty Parade W**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3150 Green Dolphin Lane**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Christopher Ott

04/16/02

941-

403-7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)