P9500005039Q DOCUMENT

1. Entity Name

	CID. OF	NAPLES, INC.							04-28-2002 9	20111 02	0 150	
Principal Plac	e of Busines	s	Mailing Address									
400 FIFTH AVE			400 FIFTH AVE SOUTH									
#302			#302									
NAPLES FL 34	1102		NAPLES FL 34102 US				[]]					
US 2. Principal Place of Business 3. Mailing Address												
3940 Prospect Avenue			3940 Prospect Avenue									
Suite, Apt. #, etc. #10 2			Suite, Apt. #, etc. # 102_				DO NOT WRITE IN THIS SPACE					
City & State Naples, FL			City & State Naples FL				4. FEI Number 65-0604033			Applied For Not Applicable		
Zip Country 34/04 USA		Zio Count		ntry 5 A	A 5. Certificate		cate o	For Status Desired Fr		8.75 Additional ee Required		
		and Address of Current I	egistered Agent				7. Name and Address of New Registered Agent					
					Name	had	N.	01	++			
CLASP, INC.					Street		.O,730x N	umbe	r is Not Agreptable)	7 م.،	4102	
% CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR					3	140	PIUS	y C	CI MYENI	<i>ic</i>	102	
NAPLES F		NURIH, 41H FLOUR		City A	1 10	_		•	FL	Zig Copl	<u> </u>	
The above named entity submits this statement for the purpose of changing its regist					$\perp Z V$	aple					5410	77
8. The above	named entil	ty submits this statement for	the purpose of changing its	regisier W	. 0++	rregistere	d agent, o	л воп		116/02	2	
SIGNATURE.	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOT	E: Registere	ed Agent signat	ure required w	vhen reinstatin	ng)		DATE		
9. This corpo	oration is elic	gible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees					
•	-	and elects to do so.	After May 1, 20	02 Fee	will be \$5	50.00						
•	requirement	and elects to do so.	After May 1, 20 Make Check Payat	02 Fee	will be \$5 epartmen	50.00	•	Trus			Added	I to Fees
(See criter	requirement	and elects to do so.	After May 1, 20 Make Check Payat	02 Fee ole to D	will be \$5 epartmen	50.00	•	Trus	st Fund Contribution.	CERS AND	Added	I to Fees
(See criter 11. TITLE NAME	requirement ria on back) PD DRACKET	OFFICERS AND	After May 1, 20 Make Check Payat DIRECTORS	02 Fee ole to De 12.	will be \$5 epartmen	550.00 t of State	ADDITIO	Trus	St Fund Contribution.	CERS AND	Added	to Fees S IN 11
(See criter 11. TITLE NAME STREET ADDRESS	PD DRACKET	OFFICERS AND I	After May 1, 20 Make Check Payat DIRECTORS	02 Fee ble to De 12. TITL NAM STRI	will be \$5 epartmen	550.00 t of State	ADDITIO	Trus	SE Fund Contribution. CHANGES TO OFFICE Parade W	CERS AND	Added	to Fees S IN 11
(See criter TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRACKET 9150 GRE NAPLES F	OFFICERS AND I	After May 1, 20 Make Check Payat DIRECTORS Delete	02 Fee ble to De 12. TITL NAM STRI	will be \$5 epartmen E AE EET ADDRESS (-ST-ZIP	550.00 t of State	ADDITIO	Trus	St Fund Contribution.	CERS AND I	Added	to Fees S IN 11
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR