2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addr

SIGNATURE:

DOCUMENT # P95000060784 Apr 03, 2000 8:00 am Secretary of State NAPLES BUILDERS, INC. 04-03-2000 90160 006 ***150.00 Principal Place of Business Mailing Address 2047 A OSPREY LANE 2047 A OSPREY LANE LUTZ FL 33549-4111 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3335815 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAN DORSTEN, NEAL Street Address (P.O. Box Number is Not Acceptable) 2047A OSPREY LANE **LUTZ FL 33549** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **VPST** Delete TITLE TITLE VAN DOISTEN Neal VAN DORSTEN, EDNA NAME NAME 2047 A OSPrey Ln. STREET ADDRESS 2047A OSPREY LANE STREET ADDRESS FL LUTZ CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 2 Change 2 Addition Delete TITLE TITLE Ron Kina VAN DORSTEN, NEAL NAME NAME 2047 A DSPYRY Ln. 2047-A OSPREY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL LUT Z **⊥** ★€dition ☐ Change ☐ Delete TITLE Carol A. Reventas TITLE NAME OSPIRY An. 2047A STREET ADDRESS STREET ADDRESS 33549 CITY-ST-ZIP CITY-ST-ZIP LUTZ ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE .. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

(813) 949.0491 Daytime Phone #