

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90220 001 *****8.75
04-25-2001 90220 002 ***150.00

DOCUMENT # P95000060784

1. Entity Name
NAPLES BUILDERS, INC.

Principal Place of Business

2047 A OSPREY LANE
LUTZ FL 33549

Mailing Address

2047 A OSPREY LANE
LUTZ FL 33549

2. Principal Place of Business

1704 Lullwater Ln

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

Land O Lakes, FL

Zip

33549

Country

US

Zip

34639

Country

US

4. FEI Number

59-3335815

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN DORSTEN, NEAL
2047A OSPREY LANE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Ronald King

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

1821 LAKE HERON DR.

City

LUTZ

FL

Zip Code

33549

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 or officer or director

Ronald King

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DORSTEN, NEAL V	
STREET ADDRESS	2047 A OSPREY LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KING, RON	
STREET ADDRESS	2047 A OSPREY LN	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REYENTAS, CAROL A	
STREET ADDRESS	2047 A OSPREY LN	
CITY-ST-ZIP	LUTZ FL 33549	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reventas, John	
STREET ADDRESS	3. 1704 Lullwater Ln.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN Dorsten, Neal	
STREET ADDRESS	1704 Lullwater Ln.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Ron	
STREET ADDRESS	1704 Lullwater Ln.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reventas, Carol A	
STREET ADDRESS	1704 Lullwater Ln.	
CITY-ST-ZIP	LUTZ FL 33549	
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		

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:

Carol A. Reventas

4-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Reventas

Date

Daytime Phone #

CR2E034 (10/00)