

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90083 033 ***150.00

DOCUMENT # P95000072293

1. Entity Name
NAPLES PLAZA, INC.



Principal Place of Business
**626 GULF SHORE BLVD. SOUTH
NAPLES FL 33940**

Mailing Address
**POST OFFICE BOX 893
BLOOMFIELD HILLS MI 48303-0893**

2. Principal Place of Business
800 SEAGATE DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 302

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip
34103

Country

Zip Country

4. FEI Number **65-0613364**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARONOFF, JANET
626 GULF SHORE BLVD. SOUTH
NAPLES FL 34102**

Name

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

800 SEAGATE DRIVE

SUITE 302

City

NAPLES

FL

Zip Code

34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DPTS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ARONOFF, DANIEL J	205 ABBEY	BIRMINGHAM MI 48009							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

248-642-0190

Date

Daytime Phone #

CR2E034 (10/02)