

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91158 010 \*\*\*150.00

**DOCUMENT # P95000076802**

1. Entity Name  
**NAPLES MHC, INC.**



Principal Place of Business  
**382 5TH AVENUE SOUTH  
NAPLES FL 33940**

Mailing Address  
**382 5TH AVENUE SOUTH  
NAPLES FL 33940**

**11041390**



2. Principal Place of Business  
**480 6th Street South**  
Suite, Apt. #, etc.

3. Mailing Address  
**480 6th Street South**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number **65-0630557**

Applied For  
Not Applicable

Zip **34102** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**TODD, GUDRUN  
382 5TH AVENUE SOUTH  
NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

Name **TODD, GUDRUN R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**480 6th Street South**  
City **Naples** **FL** Zip Code **34102**

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 \_\_\_\_\_ (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 **DPS** ☐ Delete  
NAME **SCHWANBECK, KLAUS**  
STREET ADDRESS **382 5TH AVE SOUTH**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DPS** ☒ Change ☐ Addition  
NAME **SCHWANBECK, KLAUS**  
STREET ADDRESS **480 6th Street South**  
CITY-ST-ZIP **Naples FL 34102**

TITLE **DVPT** ☐ Delete  
NAME **SCHWANBECK, SABINE**  
STREET ADDRESS **382 FIFTH AVENUE SOUTH**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DVPT** ☒ Change ☐ Addition  
NAME **SCHWANBECK, SABINE**  
STREET ADDRESS **480 6th Street South**  
CITY-ST-ZIP **Naples FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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 (DPS)**  
**SABINE SCHWANBECK**

**24-04-03**

Date

Daytime Phone #

(239)

**261-0808**

CR2E034 (10/02)