

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015648

1. Entity Name
SZABO NAPLES ONE CORPORATION, INC.

Principal Place of Business
3357 TAMiami TRAIL NORTH
NAPLES FL 34103-4165

Mailing Address
3357 TAMiami TRAIL NORTH
NAPLES FL 33940

2. Principal Place of Business
3357 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

4. FEI Number **59-3414601**

Applied For
Not Applicable

Zip **34103-4165** Country **USA**

Zip

Country

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

CARTER, RALPH E
3003 TAMiami TRAIL NORTH
SUITE 160
NAPLES FL 33940

Name

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

City

FL Zip Code

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **SZABO, ZOLTAN J**
STREET ADDRESS **13055 CASTLE HARBOR DRIVE**
CITY-ST-ZIP **NAPLES FL 34110**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *ZOLTAN J. SZABO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2001 941-262-2011

Date

Daytime Phone #

0303575

CR2E034 (10/00)