

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000020907**

1. Entity Name

CARPE DIEM FLORIDA INVESTMENTS, INC.**FILED****Aug 09, 2000 8:00 am**
Secretary of State

08-09-2000 90081 031 ***558.75

Principal Place of Business

% MR WILLIAM J. O'MEARA
350 KINGSTOWN DRIVE
NAPLES FL 34102-7821

Mailing Address

% MR WILLIAM J. O'MEARA
350 KINGSTOWN DRIVE
NAPLES FL 34102-7821**A0072056**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Bayfront Place

3. Mailing Address

401 Bayfront Place

Suite, Apt. #, etc.

Unit #3506

Suite, Apt. #, etc.

Unit #3506

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

77-0429279

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, MARK J ESQ
ROETZEL & ANDRESS
850 PARK SHORE DRIVE., 3RD FLOOR
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **O'MEARA, WILLIAM J**
STREET ADDRESS **350 KINGSTOWN DRIVE**
CITY-ST-ZIP **NAPLES FL 34102-7821**TITLE **S** ☐ Delete
NAME **O'MEARA, JOYCE A**
STREET ADDRESS **350 KINGSTOWN DRIVE**
CITY-ST-ZIP **NAPLES FL 34102-7821**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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, title, or other like empowered.

SIGNATURE:

WILLIAM J. O'MEARA, President

07/18/00 941-659-5975

Date

Daytime Phone #

CR2E034 (5/00)