

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90294 022 ***150.00

DOCUMENT # P96000029103

1. Entity Name
NAPLES APEX, INC.

Principal Place of Business Mailing Address
3727-ENTERPRISE-AVE-UNIT-7 **3727-ENTERPRISE-AVE-UNIT-7**
NAPLES FL 34104-34116 **NAPLES FL 34104-3607-34116**
5711 CEDAR TREE LANE **5711 CEDAR TREE LANE**

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **5711 Cedar Tree Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
NAPLES FL **NAPLES FL** **65-0660510** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34116 **COLLIER**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BLANKENSHIP, CHARLES A Name
1181 HURRICANE HARBOR LANE - 5711 CEDAR TREE LANE Street Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34102-34116 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BLANKENSHIP, CHARLES A 1181 HURRICANE HARBOR LANE NAPLES FL 34102-34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5711 CEDAR TREE LANE NAPLES FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLANKENSHIP, MARY J 1181 HURRICANE HARBOR LANE NAPLES FL 34102-34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5711 CEDAR TREE LANE NAPLES FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><i>Sorry - didn't read instructions well - we are no longer in business -</i></p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby indicate of the change... for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: Mary Jane Blankenship MARY JANE BLANKENSHIP 4/27/00 941-352-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #