

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

DOCUMENT # P96000037860

1. Entity Name  
**BED BATH & BEYOND OF NAPLES INC.**



Principal Place of Business  
650 LIBERTY AVE  
UNION, NJ 07083 US

Mailing Address  
650 LIBERTY AVE  
UNION, NJ 07083 US

2. Principal Place of Business

3. Mailing Address  
**650 LIBERTY AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**TAX DEPT.**

City & State

City & State  
**UNION, NJ**

Zip

Zip  
**07083**

Country

Country  
**US**

4. FEI Number

**22-3476770**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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	PD	<input type="checkbox"/> Delete	TITLE
NAME	EISENBERG, WARREN		NAME
STREET ADDRESS	650 LIBERTY AVE		STREET ADDRESS
CITY-ST-ZP	UNION, NJ 07083		CITY-ST-ZP
TITLE	VSD	<input type="checkbox"/> Delete	TITLE
NAME	FEINSTEIN, LEONARD		NAME
STREET ADDRESS	110 BICOUNTY BLVD		STREET ADDRESS
CITY-ST-ZP	FARMINGDALE, NY 11735		CITY-ST-ZP
TITLE	T	<input type="checkbox"/> Delete	TITLE
NAME	CURWIN, RONALD		NAME
STREET ADDRESS	650 LIBERTY AVE		STREET ADDRESS
CITY-ST-ZP	UNION, NJ 07083		CITY-ST-ZP
TITLE	VAS	<input type="checkbox"/> Delete	TITLE
NAME	TEMARES, STEVEN		NAME
STREET ADDRESS	650 LIBERTY AVE		STREET ADDRESS
CITY-ST-ZP	UNION, NJ 07083		CITY-ST-ZP
TITLE	AT	<input type="checkbox"/> Delete	TITLE
NAME	CASTAGNA, EUGENE A		NAME
STREET ADDRESS	650 LIBERTY AVE		STREET ADDRESS
CITY-ST-ZP	UNION, NJ 07083		CITY-ST-ZP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZP			CITY-ST-ZP

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: *Gene A. Castagna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

EUGENE A. CASTAGNA *4/19/03*

(908)688-0888

Daytime Phone #

CR2E034 (10/02)