

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

05-05-2003 91883 024 ***150.00

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

DOCUMENT # P96000037860

1. Entry 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

Country

Zip

Country

07083

US



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New 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 reinstating)

DATE

FILE NOW!!! FEES \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EISENBERG, WARREN
650 LIBERTY AVE
UNION, NJ 07083** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
FEINSTEIN, LEONARD
110 BICOUNTY BLVD
FARMINGDALE, NY 11735** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CURWIN, RONALD
650 LIBERTY AVE
UNION, NJ 07083** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
TEMARES, STEVEN
650 LIBERTY AVE
UNION, NJ 07083** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
CASTAGNA, EUGENE A
650 LIBERTY AVE
UNION, NJ 07083** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

EUGENE A. CASTAGNA

(908)688-0888

Daytime Phone #

CR2E034 (10/02)