**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # P96000067732 **Secretary of State** 1. Entity Name BEGONIA INVESTMENTS, INC. 03-29-2002 90198 028 \*\*\*150.00 Principal Place of Business Mailing Address 2500 AIRPORT ROAD SOUTH 2500 AIRPORT ROAD SOUTH #311 #311 NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0686600 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDDLE, MELINDA P Street Address (P.O. Box Number is Not Acceptable) 2500 AIRPORT ROAD SOUTH **STE 311** NAPLES FL 34112 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVSTD TITLE DVTS TITLE ☐ Addition ☐ Delete (X) Change RIDDLE, MELINDA P RIDDLE, MELINDA P. NAME NAME 2500 AIRPORT ROAD SOUTH- STE 311 STREET ADDRESS STREET ADDRESS 2500 AIRPORT ROAD SOUTH #311 CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP NAPLES, FL 34112 PS TITLE XX Delete TITLE ☐ Change ☐ Addition ALAIMO, JOSEPHINE NAME STREET ADDRESS 2500 AIRPORT RD. S #311 STREET ADDRESS CITY-ST-7/P NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7fP

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.



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Date Daytime Phone #