

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90227 001 ***450.00

DOCUMENT # P96000084513

1. Entity Name
NAPLES PEARLS, INC.



Principal Place of Business
**5801 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108**

Mailing Address
**5801 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108**

2. Principal Place of Business
4320 Gulf Shore Blvd. North

3. Mailing Address
4320 Gulf Shore Blvd. North

Suite, Apt. #, etc.
Suite 209

Suite, Apt. #, etc.
Suite 209

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34103

Country
USA

Zip
34103

Country
USA

4. FEI Number
65-0718082

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KANNENSOHN, JEFFREY S
5801 PELICAN BAY BLVD
SUITE 300
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. 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!!! FEE IS \$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

TITLE **P** ☐ Delete
NAME **MASTMEIER, R NICOLE**
STREET ADDRESS **25A MAIN ST**
CITY-ST-ZIP **ST THOMAS VI**

TITLE **TS** ☐ Delete
NAME **MASTMEIER, BERND R**
STREET ADDRESS **25A MAIN ST**
CITY-ST-ZIP **ST THOMAS VI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4320 Gulf Shore Blvd., North, Suite 209**
CITY-ST-ZIP **Naples, Florida 34103**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4320 Gulf Shore Blvd. North, Suite 209**
CITY-ST-ZIP **Naples, Florida 34103**

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

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

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

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

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 REQUIRED

1/17/03

239/643-9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)