

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90022 011 \*\*\*150.00

**DOCUMENT # P97000005914**

**1. Entity Name**  
**NAPLES TRUCK RENTAL INC.**

**Principal Place of Business** **Mailing Address**  
~~5515 YAHLE STREET~~ 5651 Shirley St ~~5515 YAHLE STREET~~ 5651 Shirley St  
 NAPLES FL 34109 NAPLES FL 34109

DUU10440



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3. Mailing Address**  
 5651 Shirley St 5651 Shirley St

Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
 Naples FL Naples FL

**Zip** **Country** **Zip** **Country**  
 34109 Collier 34109 Collier

**4. FEI Number** **65-0715605** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMINO, HENRY**  
~~5515 YAHLE STREET~~ 5651 Shirley St  
 NAPLES FL 34109

**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.**

**SIGNATURE** Henry Camino [Signature] 1/10/02  
 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 Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **CAMINO, HENRY**  
**STREET ADDRESS** ~~5515 YAHLE STREET~~ 5651 Shirley St  
**CITY-ST-ZIP** **NAPLES FL 34109**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**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 live empowered.**

**SIGNATURE:** [Signature] Henry Camino 1/10/02 941  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)