## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P97000010887 1. Entity Name GLOBAL PROPERTIES OF NAPLES, INC. 04-24-2002 90258 046 \*\*\*150.00 Principal Place of Business Mailing Address 2154 TRADE CENTER WAY 2154 TRADE CENTER WAY NAPLES FL 34109 NAPLES FL 34109 US ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3507098 Not Applicable 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 LAWHON, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) PARRISH, WHITE, LAWHON, MOORE, P.A. 2171 PINE RIDGE ROAD, STE. D NAPLES FL 34109 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME DARGAI, LANA KAYE NAME 2154 TRADE CENTER WAY #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE **VP** NAME GALY, ALBERT J NAME STREET ADDRESS 2154 TRADE CENTER WAY #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition TITLE ST ☐ Delete TITLE NAME RESHEY, KIMBERLY T NAME STREET ADDRESS 2154 TRADE CENTER WAY #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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