

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90033 004 ***150.00

0395855

DOCUMENT # P97000033803

1. Entity Name

SUNBELT LIQUIDATORS, INC.

Principal Place of Business

Mailing Address

**3030 S HORSESHOE DR
 SUITE 200
 NAPLES FL 34104
 US**

**3030 S HORSESHOE DR
 SUITE 200
 NAPLES FL 34104
 US**

701048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

778 Tamiami Trail North

3. Mailing Address

778 Tamiami Trail North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3443209

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONTI, BEN R
 3030 S HORSESHOE DRIVE #200
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Conti, Benedict R.

Street Address (P.O. Box Number is Not Acceptable)

778 Tamiami Trail North

City

Naples

FL

Zip Code

34102

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

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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **CONTI, BENEDICT R**
 CITY-ST-ZIP **700 LAMTON LN.
 NAPLES FL 34104**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 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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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)