2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045899

1. Entity Name

BUILDING TEK ENTERPRISES OF NAPLES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90055 039 ***158.75

Pinnicipal Place of Business			<i>,</i>				W. T.	7					
Side. Apt. 4, etc. City & State	4973 TRAYNO	OR CT.	s	4973	4973 TRAYNOR CT.								
City & State Ci	2. Principal P	ness	3. Maili	ing Address					 				
September Sept	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Country Country Country Country St. Certificate of Status Desired Country Set. 75 Additional Personal	City & State	e		City	City & State				4. FEI Number 59-3449472				7
ELIAS, MARIA P 4973 TRAYNOR CT. NAPLES FL 34112 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 octigations of registered agent. SIGNATURE SIG	Zip Country			Zip	Zip Cour			5.	5. Certificate of Status Desired \$8.75 Additional			ditional	1
Name		6. Name	and Address of Cu	rrent Registere	d Agent	<u>' </u>		7.					+
A973 TRAYNOR CT. NAPLES Ft. 34112 Sirce Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City FL Addition City Addition Added to Feas Added to Feas City Sir Zip City	ELIAS. M/			·			Name].
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 coligations of registered agent. SIGNATURE TRILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$\$550.00 After May 1	4973 TRAYNOR CT.						Street Address (P.O. Box Number is Not Acceptable)						
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 coligations of registered agent. Signature Synature, typed or printed interior of registered agent.	NAPLES F	-L 34112					City				T Zin Cod		-
the collegations of registered agent. SIGNATURE Signature Si							_						ľ
Signature, projected is protect is approach aspect and time of expired appeal aspect aspect signature required where invitation; Change S\$5.00 May Be Added to Fease	8. The above the obligati	named entity ions of regist	y submits this statem ered agent.	ent for the purpo	ose of changing its	registere	d office or regis	stered ag	gent, or both, in the State of Flor	ida. I am fai	miliar with,	and accept]
After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State 10.		Signature, typed	or printed name of registered	agent and title if appli	cable. (NOT)	E: Registered	Agent signature requ	uired when re	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00							•					-
TITLE NAME 4973 TRAYNOR CT. NAPLES FL 34112 TITLE NAME 5TRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS	10.		OFFICERS	AND DIRECTOR	RS	11.	•	ΑE	DITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR	S IN 11	1
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	NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREET			.,	[Change	Addition	1

2. 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 RESUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

(239) 354208

Daytime Phone #