

2001 UNIFORM BUSINESS REPORT (UBR)

6/14/01-91
* 9/5/01-

FILED
Sep 21, 2001 8:00 am
Secretary of State

06-14-2001 90009 011 ***150.00
09-05-2001 90029 047 ***400.00

DOCUMENT # P97000047826

1. Entity Name
NAPLES COURT REPORTING, INC.

Principal Place of Business
2272 AIRPORT RD
SUITE 309
NAPLES FL 34112
US

Mailing Address
2272 AIRPORT RD
SUITE 309
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0756971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALINE, JANICE RITA
2272 AIRPORT RD S
SUITE 309
NAPLES FL 34112

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MALINE, JANICE RITA 2272 AIRPORT RD SO NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLTON, LISA A 2272 AIRPORT RD SO NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

9/17/01

9741-417 898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2034 (9/01)

6/14/01-90009-011-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047826			
1. Entity Name NAPLES COURT REPORTING, INC.			
Principal Place of Business 2272 AIRPORT RD SUITE 300 NAPLES FL 34112 US		Mailing Address 2272 AIRPORT RD SUITE 300 NAPLES FL 34112 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent MALINE, JANICE RITA 2272 AIRPORT RD 5 SUITE 300 NAPLES FL 34112		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 <i>Janice R. Maline</i>		DATE 6/7/01	
9. This corporation is eligible to elect its intangible tax filing requirement and elects to do so. (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution.	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MALINE, JANICE RITA 2272 AIRPORT RD-00 NAPLES FL 34112 <i>See above</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST HOLTON, LISA A 2272 AIRPORT RD-00 NAPLES FL 34112 <i>See above</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 within address, with all other like empowered.			
SIGNATURE: <i>Janice R. Maline</i>		DATE: 6/7/01 941-417-509	

Attachment

78679

DO NOT WRITE IN THIS SPACE