

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90075 035 ***150.00

DOCUMENT # P97000050118

1. Entity Name
NAPLES CLEANING CONCEPTS, INC.

Principal Place of Business
4110 ENTERPRISE AVE
111
NAPLES FL 34104

Mailing Address
4110 ENTERPRISE AVE.
111
NAPLES FL 34104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5644 SANDLEWOOD CT. #
 Suite, Apt. #, etc.
1903

3. Mailing Address
5644 SANDLEWOOD CT
 Suite, Apt. #, etc.
1903

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **65-0759965**

Applied For
 Not Applicable

Zip **34110** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARO, VINCENT A
4595 CHIPPENDALE DR.
NAPLES FL 34112

Name **MATTHEW D. PETERS**

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

5644 SANDLEWOOD CT #1903

City **NAPLES, FL** Zip Code **34110**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/2002
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **D BARBARO, VINCENT A**
 STREET ADDRESS **4595 CHIPPENDALE DR.**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☒ Change ☐ Addition
 NAME ~~**5041 BERKELEY DR.**~~
 STREET ADDRESS ~~**NAPLES, FL 34112**~~
 CITY-ST-ZIP ~~**NAPLES, FL 34112**~~

TITLE ☐ Delete
 NAME **D PETERS, MATTHEW D**
 STREET ADDRESS **5644 SANDLEWOOD CT. #1903**
 CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 like empowered.

SIGNATURE: *[Signature]* **MATTHEW D. PETERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002 (239) 216-7140
 Date Daytime Phone #

CR2E034 (9/01)