2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000077667** 1. Entity Name BEN NAPLES STORE, INC. 05-03-2001 91001 002 ***158.75 Principal Place of Business Mailing Address 2660 AIRPORT BOAD SOUTH 26821 SOUTH BAY DRIVE ATTN: GEORGE VEGA SUITE 114 **BONITA SPRINGS FL 34134** NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0823749 Not Applicable Zip 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 VEGA, JOHN-G Street Address (P.O. Box Number is Not Acceptable) 2660 AIRPOBL ROAD SOUTH 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 Fiorida. SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME vega, John G STREET ADDRESS STREET ADDRESS 2662 AIRPORT RD S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 TITLE TITLE ☐ Delete ☐ Change ☐ Addition PHILLIPS, DENNY STREET ADDRESS STREET ADDRESS 1400 GULF SHORE BLVD CITY-ST-ZIF CITY-ST-7IP NAPLES FL 34102 TITLE ☐ Delete TITLE ☐ Change Addition NAME VEGA, GEORGE NAME STREET ADDRESS STREET ADDRESS 2660 AIRPORT RD S CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Change Addition TITLE 🔽 Delete TITLE NAME NAME SAUERMAN, WALTHER STREET ADDRESS STREET ADDRESS 3683 OLDE COTTAGE LN CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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