

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079225

1. Entity Name

GOLDSMITHS OF NAPLES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 037 ***150.00

Principal Place of Business

Mailing Address

~~1170 3RD ST-S~~
~~NAPLES FL 34102~~
~~US~~

5117 CASTELLO DR.
STE 1
NAPLES FL 34133-0279
US

2. Principal Place of Business

3. Mailing Address

136 HARRISON RD.
Suite, Apt. #, etc.
2

P.O. Box 279
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
Bonita Springs, FL

4. FEI Number 59-3471726

Applied For
Not Applicable

Zip 34112 Country

Zip 34133 Country

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

AMBURN, JAMES W
5117 CASTELLO DR.
STE. 1
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd

City Bonita Springs FL Zip Code 34135

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, 2000 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 D
NAME FRIEDRICH, WOLFGANG L
STREET ADDRESS ~~360 FIFTH AVENUE SOUTH~~
CITY-ST-ZIP ~~NAPLES FL 34102~~

☐ Delete

TITLE DPVTS
NAME FRIEDRICH, WOLFGANG
STREET ADDRESS 136 HARRISON RD.
CITY-ST-ZIP NAPLES, FL 34112

☒ Change ☐ Addition

TITLE
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☐ 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)(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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

Date

941-992-3355

Daytime Phone #

CR2E034 (9/99)