

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027633

1. Entity Name

L.D. GUEST SERVICES, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90069 030 \*\*\*150.00

Principal Place of Business

Mailing Address

3096 TAMIAMI TRAIL NORTH  
SUITE #3  
NAPLES FL 34103

3096 TAMIAMI TRAIL NORTH  
SUITE #3  
NAPLES FL 34103-2738

2. Principal Place of Business

3. Mailing Address

221 9TH ST., S.

221 9TH ST., S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

Zip

34102

Country

4. FEI Number

59-3568139

APPLIED FOR

Applied For

Not Applicable

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

DONGUS, LOTHAR

3096 TAMIAMI TRAIL NORTH 221 9TH ST., S.

SUITE 3

NAPLES FL 34103 NAPLES, FL 34102

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 \$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 PD  
NAME DONGUS, LOTHAR  
STREET ADDRESS 3096 TAMIAMI TRAIL NORTH, SUITE 3  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 221 9TH ST., S.  
CITY-ST-ZIP NAPLES, FL 34102 ☒ Change ☐ Addition

TITLE VD  
NAME FERBSTROM, CARL R M  
STREET ADDRESS 3096 TAMIAMI TRAIL NORTH, SUITE 3  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 221 9TH ST., S.  
CITY-ST-ZIP NAPLES, FL ☒ Change ☐ Addition

TITLE VD  
NAME DECKO, BERNARD P  
STREET ADDRESS 3096 TAMIAMI TRAIL NORTH, SUITE 4  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1195 CHOKOLOSKEE DR.  
CITY-ST-ZIP CHOKOLOSKEE, FL 34139 ☒ Change ☐ Addition

TITLE STD  
NAME ELLIS, CAROLYN  
STREET ADDRESS 5960 SONOMA LANE  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #