

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 019 ***150.00

DOCUMENT # 798000032449

1. Entity Name

BEST OF NAPLES, INC.

668632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6101 PELICAN BAY BLVD

Suite, Apt. #, etc.

103

3. Mailing Address

6101 PELICAN BAY BLVD

Suite, Apt. #, etc.

103

DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3514646

Applied For

Not Applicable

Zip

34108

Country

COLLIER

Zip

34108

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GINNY LEE

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

6101 PELICAN BAY BLVD

#103

City

NAPLES

FL

Zip Code

34108

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME GINNY LEE
STREET ADDRESS 6101 PELICAN BAY BLVD #103
CITY - ST - ZIP NAPLES, FL 34108

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GINNY LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)