

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90056 038 \*\*\*158.75

**DOCUMENT # P98000046945**

1. Entity Name

**SOUTHERN NIGHTS BOOKKEEPING & BUSINESS SERVICES,**

Principal Place of Business

**6920 AMITY ROAD  
NAPLES FL 34114**

Mailing Address

**6920 AMITY ROAD  
NAPLES FL 34114**

2. Principal Place of Business

**2565 18th Avenue SE**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 9453**

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip  
**34117**

Country

Zip  
**34101**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0845186**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ISON, PATRICIA A ✓  
6920 AMITY ROAD  
NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name

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

**2565 18th Avenue SE**

City

**Naples**

**FL**

Zip Code  
**34117**

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 Patricia A. Ison

**Patricia A. Ison, Owner**

**01-23-01**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST ISON, PATRICIA 6920 AMITY ROAD NAPLES FL 34105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM ISON, PATRICIA 6920 AMITY ROAD NAPLES FL 34105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Robert A. Caruana 2565 18th Avenue SE Naples, FL 34117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Phyllis A. Ison 6920 Amity Road Naples, FL 34114</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Patricia A. Ison 2565 18th Avenue SE Naples, FL 34117</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM Patricia A. Ison 2565 18th Avenue SE Naples, FL 34117</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia A. Ison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia A. Ison, Owner**

**1-23-01**

**941-404-7870**

Date

Daytime Phone #

CR2E034 (10/00)

0541665