2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 27, 2002 8:00 am Secretary of State P98000060870 DOCUMENT # 1. Entity Name NAUTICA OF NAPLES, INC. 05-27-2002 90298 035 ***150.00 Principal Place of Business Mailing Address 1080! CORKSCREW RD 40 WEST57TH ST :STE 153 3RD FLOOR ESTERO FL 33928 NEW YORK NY 10019 IJS 2. Principal Place of Business 3. Mailing Address 22 WEST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0867597 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. -- After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITI E PRESIDENY Delete TITLE RICH ANDERS 22 WEST 19 ST- 4 ST-WETZ; ER, JOHN NAME 40 WEST 57TH ST STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP NEW YORK, MY 10011 CITY-ST-ZIP TITLE ☐ Delete TITLE SANDERS, HARVEY NAME NAME STREET ADDRESS 40 WEST 57TH ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change CHU, DAVID NAME NAME STREET ADDRESS 40 WEST 57TH ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PETROCCA, FRANK NAME NAME 22 WEST 19 Ch ST- 4 CHFL 40 WEST 57TH ST STREET ADDRESS STREET ADDRESS NELYORIS, NY 10011 CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information In plants that the information of the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in that plants it 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 truylee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered. indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment with

REQUIRERANK PETROCCA 4/19/02 210-414-8334

FILED