

UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 043 ***150.00

DOCUMENT

1. Entity Name

NAPLES HOMEWATCH SERVICES.

DO NOT WRITE IN THIS SPACE

B0123357

2. Principal Place of Business

6106 Copperleaf Lane
Suite, Apt. #, etc.

3. Mailing Address

Christopher J. Squittieri
Kosovo Program, Dynacorp-Al
6500 West Freeway, Suite 600
Ft Worth, TX 76116

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

4. FEI Number

59-3531130

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

Country

U.S.A.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christopher J. Squittieri Jr

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

201 Quail Forest Blvd #207

City

NAPLES

FL

Zip Code

34105

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

1. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	CHRISTOPHER J. SQUITTIERI, JR	201 Quail Forest Blvd #207	NAPLES, FLORIDA 34105
SECRETARY	S.T.	CHRISTOPHER J SQUITTIERI SR	6106 COPPERLEAF LANE
			NAPLES, FLORIDA 34116

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Christopher J. Squittieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April (941) 643-5142

Date

Daytime Phone #