

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 019 ***150.00

DOCUMENT # P98000081592

1. Entity Name **SELECT PROPERTIES OF NAPLES, INC.**

DO NOT WRITE IN THIS SPACE

642182

2. Principal Place of Business

12585 COLLIER BLVD.

Suite, Apt. #, etc.

3. Mailing Address

12585 COLLIER BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3533890

Applied For

Not Applicable

Zip

FL 34116

Country

COLLIER

Zip

34116

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY WISDOM

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

12585 COLLIER BLVD

City

NAPLES

FL

Zip Code

34116

**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

A-16-02

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**President (P),
Larry M. Wisdom
2070 Golden Gate Blvd W
Naples FL 34120**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**# Sec/Treas (S)(T)
Howard C. Hensel
1485 21st S.W.
Naples FL 34116**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 supplement 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY M WISDOM

Date

Daytime Phone #

4-16-02 239-352-1112

CR2F034R (12/01)