

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090990

1. Entity Name

EXIT 15 COMMERCIAL CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90142 009 ***158.75

Principal Place of Business

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US

Mailing Address

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US

2. Principal Place of Business

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Address

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES FL

Zip

34110

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554974

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TR. N., STE. 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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) ☐

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	P	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	10641 AIRPORT RD N #32	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	10641 AIRPORT RD N #32	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR #300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	4500 EXECUTIVE DR #300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDY, R. PAUL	
STREET ADDRESS	4500 EXECUTIVE DR #300	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5692 STRAND COURT #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5692 STRAND COURT #3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, R. PAUL	
STREET ADDRESS	5692 STRAND COURT #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JANET KELLY TREASURER 3/6/01 (407) 597-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)