

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 028 ***150.00

DOCUMENT # **P90000 31050**

1. Entry Name

NAPLES SEASIDE, INC.

DO NOT WRITE IN THIS SPACE

651773

2. Principal Place of Business

3431 Pine Ridge Road

3. Mailing Address

3431 Pine Ridge Road

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

Collier

Zip

34109

Country

Collier

4. FEI Number

59-3586510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John D. White

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

3431 Pine Ridge Road #101

City

NAPLES

FL

Zip Code

34109

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)

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
**Edon, Mark
94 Hamilton Terrace
London, England NW8 9VR**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
6111K Roxane Plivias
23 Hamilton Terrace
London, England NW5 9RE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**John P. White
3431 Pine Ridge Rd, Suite 101
Naples, FL 34109**

TITLE
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CITY - ST - ZIP

TITLE
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STREET ADDRESS
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (941) 564 2613

Date

Daytime Phone #

CR2E034B (12/01)