

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90023 030 ***158.75

DOCUMENT # **P99000033094**

1. Entity Name
846 DEVELOPMENTS OF NAPLES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119	Mailing Address 4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119
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2. Principal Place of Business 5672 STRAND COURT SUITE #1 NAPLES FL	3. Mailing Address 5672 STRAND COURT SUITE #1 NAPLES FL
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Zip 34110	Country USA	Zip 34110	Country USA
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4. FEI Number **59-3583031** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KELLY, JANET
 4500 EXECUTIVE DRIVE #300
 NAPLES FL 34119**

7. Name and Address of New Registered Agent
 Name **JANET KELLY**
 Street Address (P.O. Box Number is Not Acceptable) **5672 STRAND COURT
SUITE #1**
 City **NAPLES** FL Zip Code **34110**

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 *J Kelly* **JANET KELLY** **TREASURER** **3/6/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2001 Fee will be \$350.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, ROBERT S 5475 SHIRLEY STREET, #2 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODE, LARRY J 5475 SHIRLEY STREET, #2 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODE, LARRY 5475 SHIRLEY STREET #2 NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, ROBERT S 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, JANET 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, JANET 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP HARDY, ROBERT S. 5692 STRAND COURT #3 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRESIDENT GODE, LARRY J. 5672 STRAND COURT #2 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 5672 STRAND COURT #1 NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J Kelly* **JANET KELLY** **TREASURER** **3/6/01** **(941)597-9888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)