## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P99000033322

1. Entity Name
CAROLE CONSTRUCTION OF NAPLES, INC.



Principal Place of Business 1100 CYPRES\$ WOODS DRIVE NAPLES FL 34103

Mailing Address
CAROLE CONSTRUCTION OF NAPLES.INC

PMB 71 P O BOX 413005

NAPLES FL 34101-3005

Apr 07, 2003 8:00 am \$ Secretary of State 04-07-2003 90729 045 75 **FILED** 

04-07-2003 90738 045 \*\*\*150.00



2. Principal F	Place of Busin		3. Ma	iling Address					( 18811881 (CB 18418 18111 18811 83114		\$ (11 ES 141SS [[])	@ \$1610 1401 \$PBI
	/Press	WOODS DE	CAR	CAROLE CONSTRUCTION OF NAPRS IN								
Suite, Apt. #, etc.				Suite, Apt. #, etc.  PMB 71 P.O. BOX 413005				☐ CHECK HERE IF MAKING CHANGES				
NAPLES F1,				City & State NADJES E/				4. FEI Number 59-3555437				Applied For Not Applicable
34103	<u> </u>	Country U. S.A.	34 10	1-3005	Cour	₹A.		<b>5.</b> Ce	rtificate of Status Desired		\$8.75 A	
				7. Na	me and Address of New Re	jistered	Agent	·				
CEELEY, 1	,	Name										
		Street Address (P.O. Box Number is Not Acceptable)										
1100 CYPRESS WOODS DRIVE NAPLES FL 34103												
MALEST	-L 34103	*										
.i		City FL 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
		FEE IS \$150.00					- Icqoirod II	1				
F After					9. Election Campaign Fina	-		<b>00</b> May Be				
Make Check					Trust Fund Contribution.		∐ Add∈	ed to Fees				
10.		OFFICERS AN	D DIRECTO	DRS	11.			ADDI	TIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	R\$ IN 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

April - 3 -7003