2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069161

1. Entity Name

Treats of Naples, Inc.

FILED
00 OCT 19 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 5400 Taylor Rd, Unit 105, Naples, FL 34109

Mailing Address: 5400 Taylor Rd, Unit 105, Naples, FL 34109

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3589201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~Theresa M. Amato~~ Ross, Donald K Jr.
~~5400 Taylor Rd #105~~ 2640 Golden Gate Pkwy Suite #206
~~Naples, FL 34109~~ Naples, FL 34105

7. Name and Address of New Registered Agent

Name: Theresa M. Amato c/o Goldies
Street Address (P.O. Box Number is Not Acceptable): 5400 Taylor Rd #105
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 Theresa M. Amato 10/16/00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amato, Ciro Jr. 5400 Taylor Rd #105 Naples, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003446687--3 -11/01/00--01043--001 ****150.00 ****150.00	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 10-17-00 (941) 591-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 16, 2000

Division of Corporations.
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Regarding: Reinstatement of 'Treats of Naples, Inc."

Please accept my check for $150.00 for reinstatement of the corporation 'Treats of Naples, Inc' fein 59-3589201. I apologize for not sending this check on time, but I had not received the other notices and was not ~~aware~~ aware of when I was suppose to renew the corporation. I have changed the Registered Agent to my name and address, in case, that is where the misunderstanding was in the mailing.

Please, again, accept this check for the reinstatement of the Corporation.

Thank you for your cooperation.

Sincerely

Theresa M. Amato

Theresa M. Amato