

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 799000069236

FILED
Mar 30, 2000 8:00 am
Secretary of State
 03-30-2000 90053 027 ***150.00

1. Entity Name
NAPLES FIRST, INC.
 Principal Place of Business Mailing Address

2. Principal Place of Business
4081 TAMiami TRAIL N.
 Suite, Apt. #, etc.
SUITE C104
 City & State
NAPLES, FL
 Zip Country
34103 USA

3. Mailing Address
P.O. Box 770575
 Suite, Apt. #, etc.
 City & State
NAPLES, FL
 Zip Country
34107 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594569
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE.
SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
 Name
KENNETH ENGLER
 Street Address (P.O. Box Number is Not Acceptable)
2318 MILL STREAM COURT
 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  **KENNETH ENGLER, PRES/DIR.** **3.24.2000**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLER, KEN	
STREET ADDRESS	4085 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CROUCH, STEVE	
STREET ADDRESS	4085 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VICE PRESIDENT OF MKTG.	<input checked="" type="checkbox"/> Delete
NAME	OBRENZ, EVAN	
STREET ADDRESS	4085 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LYONS, SUSAN	
STREET ADDRESS	4085 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLER, KENNETH P.	
STREET ADDRESS	2318 MILL STREAM COURT	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCH, STEPHEN B.	
STREET ADDRESS	8805 TAMiami TRAIL N., PMB 222	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, SUSAN	
STREET ADDRESS	165 BRENTWOOD POINT	
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:  **KENNETH ENGLER, PRES.** **3.24.2000 (941) 659-4015**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)