

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000083589

1. Entity Name

CLASSIC FLOORS OF NAPLES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-10-2000 90075 037 ***150.00

Principal Place of Business

406 LUZON AVENUE
NAPLES FL 34113

Mailing Address

406 LUZON AVENUE
NAPLES FL 34113-8630

2. Principal Place of Business

3804 TAMiami TRAIL E

Suite, Apt. #, etc.

3. Mailing Address

3804 TAMiami TRAIL E

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3599223

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34112

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

CHARLES N. KUNSTLER

[Signature]

4-18-2000

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, ROBERT J	
STREET ADDRESS	406 LUZON AVENUE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KUNSTLER, CHARLES N	
STREET ADDRESS	406 LUZON AVENUE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MEYER, GAYLE A	
STREET ADDRESS	406 LUZON AVENUE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KUNSTLER	
STREET ADDRESS	3804 TAMiami TRAIL E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRIE R. KUNSTLER	
STREET ADDRESS	3804 TAMiami TRAIL E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

CHARLES N. KUNSTLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

Daytime Phone #

941-732-0022

CR2E034 (9/99)