FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

NAPLES BIG CYPRESS, INC.

DOCUMENT#

1. Entity Name

FILED May 13, 2002 8:00 am Secretary of State

P99000084368 05-13-2002 90166 014 ***150.00

DO NOT WRITE IN THIS SPACE				656487	
2. Principal Place of Business 720 GOODLETTE ROAD					
Suite, Apt. #, etc. SUITE 305	Suite, Apt. #, etc. SuiTE 305			DO NOT WRITE IN THIS SPACE	
City & State NAPLES, FL	City & State NAPLES , F		4.	FEI Number 59 - 3603721 Applied For Not Applicable	
Zip 34102 Country	Zip 34102	Country	5.	Certificate of Status Desired \$8.75 Additional Fee Required	
			7. N	Name and Address of Current Registered Agent	
		Name	Street Address (P.O. Box Number is Not Acceptable) 720 GOODLETTE ROAD, SUITE 305		
DO NOT WRITE IN THIS SPACE	Street Ad				
IN THIS SPACE					
		City	NAPI	UES FL ZBYOZ	
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 Signature, typed or printed name of registered ager		A. BAS		× 4/14/02	
Signature, typed or printed name of registered agent, and it is applicable. (NOTE: Registered S: This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Amended UBR i Make Check Payable to De				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
	DIRECTORS		1		
L i		TITLE		,	
11. OFFICERS AND DIRECTORS TITLE P NAME BASIK KEITH		NAME		;	
CITY-ST-ZIP NAPLES, FL 34103	- DRIVE	STREET ADDRESS CITY-ST-ZIP			
TITLE VS)	TITLE	 		
! =		NAME			
		STREET ADDRESS			
CITY-ST-ZIP - FORT MUERS, FL 339	112	CITY-ST-ZIP		with the first the same property of the same proper	
TITLE		TITLE			
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CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
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		NAME	IN THIS SPACE		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CfTY-ST-ZIP			
TITLE		TITLE			
NAME STREET ADDRESS		NAME CERTE ADDRESS		**	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

CITY-ST-ZIP

RINDED NAME OF SIGNING OFFICER OR DIRECTOR

239-262-4622 KEITH A. BASIN