

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089462

1. Entity Name
ESTERO
HOMCO CONSULTING OF NAPLES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90073 002 ***150.00

Principal Place of Business
600 FIFTH AVE. SOUTH, SUITE 212
NAPLES FL 34102

Mailing Address
600 FIFTH AVE. SOUTH, SUITE 212
NAPLES FL 34102-6625

2. Principal Place of Business
19431 CYPRESS VIEW DR
Suite, Apt. #, etc.

3. Mailing Address
21301 SO. TAMiami TR
Suite, Apt. #, etc.
320, PMB 333

City & State
FORT MYERS, FL
Zip
33912

City & State
ESTERO, FL
Zip
33928

4. FEI Number
65-0980440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARSEN, RICHARD CROFT
600 FIFTH AVE. SOUTH, SUITE 212
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
LARSEN, RICHARD CROFT
Street Address (P.O. Box Number is Not Acceptable)
19431 CYPRESS VIEW DR.
City
FORT MYERS FL Zip Code
33912

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  DATE 3-14-2000
(NOTE: Registered Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3-14-2000 DAYTIME PHONE 941 823-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 10/00