

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90064 027 ***150.00

0500411 AV

DOCUMENT # S26123

1. Entity Name

PREMIUM TRAVEL OF NAPLES, INC.

Principal Place of Business

Mailing Address

**THE OAKS SHOPPING CENTER
 2236 TAMiami TRAIL NORTH
 NAPLES FL 34103
 US**

**THE OAKS SHOPPING CENTER
 2236 TAMiami TRAIL NORTH
 NAPLES FL 34103
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Pine Ridge Crossings

3. Mailing Address

Pine Ridge Crossings

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2342 Pine Ridge Rd.

2342 Pine Ridge Rd.

City & State

City & State

Naples FL

Naples, FL

Zip

Country

Zip

Country

34109

USA

34109

USA

4. FEI Number

65-0235276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RELIABLE AGENTS, INC.
 801 BRICKELL AVENUE
 SUITE 1100
 MIAMI FL 33131**

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

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, 2002 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 **P** ☐ Delete
 NAME **MENCHELLA, ANTHONY J**
 STREET ADDRESS **2236 TAMiami TRAIL N.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *2342 Pine Ridge Rd*
 CITY-ST-ZIP *NAPLES FL*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-02

941-435-7997

CR2E034 (9/01)