

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31408

1. Entity Name

NAPLES FURNITURE & INTERIORS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90163 008 ***150.00

Principal Place of Business

8793 EAST TAMiami TRAIL
SUITE 111
NAPLES FL 34113-3308
US

Mailing Address

8793 EAST TAMiami TRAIL
SUITE 111
NAPLES FL 34113-3322
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0244555

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLD, DENNIS S.
2335 TAMiami TRAIL NORTH
SUITE 301
NAPLES FL 33940

Name

LEONARD P. REINA, P.A.

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

500 5TH AVENUE S.

City

NAPLES

FL

Zip Code

34102

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TS
NAME PLESEK, JANET R
STREET ADDRESS 337 6TH STREET, SOUTH
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE PD
NAME PLESEK, LAWRENCE
STREET ADDRESS 337-6TH ST. SOUTH
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

JANET PLESEK, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00 941-775-1700

CR2E034 (9/99)