

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V605014

1. Entity Name

NAPLES REALTY SERVICES, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 003 ***150.00

Principal Place of Business

Mailing Address

4099 TAMiami TRl N
 2nd FLOOR
 NAPLES FL 34103
 US

00046329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0352958

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

STEINWAND, JOHN A.
 4099 TAMiami TRAIL N. 2nd FLOOR
 NAPLES FL 34103

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, 2001 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	PC	STEINWAND, JOHN A.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4099 TAMiami TRAIL N. 2nd FLOOR	
CITY-ST-ZIP		NAPLES FL 34103	
TITLE	VP	LEE, GINNY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4099 TAMiami TRAIL N. 2nd FLOOR	
CITY-ST-ZIP		NAPLES FL 34103	
TITLE	D	SINKS, RONALD G.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4099 TAMiami TRAIL N. 2nd FLOOR	
CITY-ST-ZIP		NAPLES FL 34103	
TITLE	VP	SMITH, LEMUEL	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	VENTRESS, WILLIAM	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Steinwand

Date

4/19/01

Daytime Phone #

941-262-4333