

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001178**

1. Entity Name

NAPLES PARTNERS, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90111 042 ***150.00

0568405

Principal Place of Business

**15 ELLSWORTH LANE
ST. LOUIS MO 63124**

Mailing Address

**15 ELLSWORTH LANE
ST. LOUIS MO 63124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1839278

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

**KARL, JAMES L II, ESQ
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 3445**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	CANEPA, CHRISTOPHER J	15 ELLSWORTH LANE	ST. LOUIS MO 63124				
SD	DOWD, DOUGLAS P	6 ELLSWORTH LANE	ST. LOUIS MO 63124				
VD	MUNSCH, ROBERT F	7406 BUCKINGHAM	ST. LOUIS MO 63124				
DT	ORF, GREGORY L	1 HILLCREST	ST. LOUIS MO 63131				

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

4/8/01

Date

314-993-1122

Daytime Phone #

CR2E034 (10/00)