CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ED NAME OF

Feb 24, 2002 8:00 am P96000086233 **DOCUMENT # Secretary of State** 1. Entity Name 02-24-2002 90030 049 *3,000.00 B. J. OF NAPLES, INC. Principal Place of Business Mailing Address 1501 RAIL HEAD BLVD 1501 RAIL HEAD BLVD NAPLES FL 34110 NAPLES FL 34110 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 Applied For 59-3408744 Not Applicable Zip ZipCountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRISON, DAVID N Street Address (P.O. Box Number is Not Acceptable) 975 SIXTH AVENUE SOUTH NAPLES FL 34102 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE **BUCHHOLZ, JUDITH N** NAME NAME 811 TURKEY OAK LN STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP Change Addition **VPS** TITLE ☐ Delete TITLE BUCHHOLZ, ROBERT R NAME NAME 811 TURKEY OAK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ry poes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information no accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation of the receiver or trustse empowered to changed, or on an attachment with an address, with all of