2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90008 050 ***550.00

DOCUMENT # P99000004129

1. Entity Name

DK OF NAPLES, INC.

Principal Place of Business	Mailing Address
3419 TIMBERWOOD CIRCLE NAPLES FL 34105	3419 TIMBERWOOD CIRCLE NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Naples Florida	
Suite, Apt. #, etc.: 3419 Timberwood Cir	Suite, Apt. #, etc.: 3419 Timberwood Cir
City & State: Naples Fl	City & State: Naples Fl
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. FEI Number: 65-0891756 ☐ 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
KAISER, DENNIS 3419 TIMBERWOOD CIRCLE NAPLES FL 34105	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	D KAISER, DENNIS 3419 TIMBERWOOD CIRCLE NAPLES FL 34105	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED Dennis K Kaiser 9-10-00 941-434-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #