

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90005 044 \*\*\*\*61.25

**DOCUMENT # 813891**

1. Entity Name

**KONA-KAI INC**

Principal Place of Business

**1334 - 1344 CRAYTON ROAD  
 NAPLES FL 34102  
 US**

Mailing Address

**1334 - 1344 CRAYTON ROAD  
 NAPLES FL 34102  
 US**

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 **59-6064001**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, THOMAS R  
 2660 AIRPORT RD  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **KONEN, E. R.**  
 STREET ADDRESS **1342 CRAYTON ROAD**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VD** ☐ Delete  
 NAME **CANNISTRACI, I.**  
 STREET ADDRESS **2801 SANTA BARBARA BLVD.**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **SD** ☒ Delete  
 NAME **SCHILLING, W. M**  
 STREET ADDRESS **1334 CRAYTON RD.**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** ☐ Delete  
 NAME **NESTMAN, WILLIAM R**  
 STREET ADDRESS **1336 CRAYTON RD**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **STD**  
 STREET ADDRESS **WESTMAN, WILLIAM R.**  
 CITY-ST-ZIP **1336 CRAYTON RD.  
 NAPLES FL 34102**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*William R. Nestman*  
**WILLIAM R. NESTMAN**

8/8/01

941-262-0974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)