

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90018 008 ***150.00

052.321 AV

DOCUMENT # F27234

1. Entity Name

KING JAMES - FORT MYERS, INC.

Principal Place of Business

**7501 WEEPING WILLOW BLVD
 SARASOTA FL 34241**

Mailing Address

**7501 WEEPING WILLOW BLVD
 SARASOTA FL 34241**

2. Principal Place of Business

11530 S. Cleveland Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Zip

33907

Country

Country

4. FEI Number

59-2103335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLE, R JOHN, II
 1104-1605 MAIN STREET
 SARASOTA FL 33577**

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

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, 2002 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

TITLE **S** ☐ Delete
 NAME **MONTONEY, JANET CHERYL**
 STREET ADDRESS **7501 WEEPING WILLOW BLVD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
 NAME **MONTONEY, JAMES VERNON**
 STREET ADDRESS **7501 WEEPING WILLOW BLVD**
 CITY-ST-ZIP **SARASOTA, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

Janet Cheryl Montoney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

941 921 7075
 Daytime Phone #

CR2E034 (9/01)