

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F44288**

1. Entity Name
JONBO CORPORATION

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90018 021 ***150.00

Principal Place of Business

Mailing Address

~~4720 SE 15TH AVE~~
~~#201~~
~~CAPE CORAL FL 33904~~

~~4720 SE 15TH AVE~~
~~#201~~
~~CAPE CORAL FL 33904~~
~~US~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 61212
Suite, Apt. #, etc.

P.O. Box 61212
Suite, Apt. #, etc.

City & State

City & State

FT MYERS FL

FT MYERS FL

Zip **33906** Country **LEE**

Zip **33906** Country **LEE**

4. FEI Number

34-1349050

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

JOHNSON, BERNARD

Name

~~4720 SE 15TH AVE~~
~~SUITE 201~~
~~CAPE CORAL FL 33904~~

Street Address (P.O. Box Number is Not Acceptable)

15081 TAMARIND CAY

City

FORT MYERS

FL

Zip Code **33908**

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 *Bernard Johnson*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD VANUCCI, PETER C. 8221 BRECKSVILLE RD BRECKSVILLE OH | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD JOHNSON, BERNARD 4720 SE 15TH AVE STE 201 CAPE CORAL FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 15081 TAMARIND CAY FORT MYERS FL 33908 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (9/01)

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 an other like empowered.

SIGNATURE: *Bernard Johnson* **4/29/02** **941-246-9191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #