

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90088 029 \*\*\*150.00

**DOCUMENT # G83862**

1. Entity Name

**RJL ENTERPRISES OF COLLIER COUNTY, INC.**

Principal Place of Business

**5269 GOLDEN GATE PKWY  
 NAPLES FL 34116  
 US**

Mailing Address

**5269 GOLDEN GATE PKWY  
 NAPLES FL 34116  
 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

**59-2385673**

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

**LANDY, PAMELA  
 1020 PARTRIDGE CIRCLE UNIT #201  
 NAPLES FL 34104**

Name **LANDY, ROBERT J.**

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

**1112 GOODLETTE RD., N., Ste 203**

City **NAPLES**

**FL**

Zip Code **34102**

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 **ROBERT J. LANDY**  
*Robert J. Landy* / **Owner / President**

**NA**

**2/20/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DST** ☐ Delete  
 NAME **LANDY, ROBERT J.**  
 STREET ADDRESS **9672 LITCHFIELD LANE**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **DSTP** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP** ☒ Delete  
 NAME **LANDY, PAMELA**  
 STREET ADDRESS **1020 PARTRIDGE CIRCLE UNIT #201**  
 CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete  
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 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 another like empowered.

SIGNATURE: **ROBERT J. LANDY**  
*Robert J. Landy* / **Owner / President** **2/20/2002** **941-455-5601**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)