FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED

Feb 15, 2001 8:00 am **DOCUMENT # J31187 Secretary of State** JEM PROPERTIES OF NAPLES, INC. 02-15-2001 90066 048 ***150.00 Principal Place of Business Mailing Address 2255 DAVIS BLVD. 2255 DAVIS BLVD. NAPLES FL 34104 NAPLES FL 34104 4 4 4 V D D US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2728148 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKEL, ROBERT M Street Address (P.O. Box Number is Not Acceptable) FIRST UNION BLDG., SUITE 211 1100 FIFTH AVE., S. NAPLES FL 33940 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1 = 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change TITLE ☐ Delete TITLE DUNNAM, MICHAEL A. NAME NAME 477 18TH AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL STD ☐ Addition ☐ Change TITLE ☐ Delete TITLE MUNZENRIEDER, JOHN D. NAME NAME 2255 DAVIS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME = STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing poss 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 of the corporation or the receiver or trustee empowered the changed, or on an attachment with an address, with all the accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if