

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90007 029 \*\*\*150.00

**DOCUMENT # J44088**

1. Entity Name  
**J. RUBINTON PROPERTIES, INC.**

Principal Place of Business <b>26445 BRICK LANE          BONITA SPRINGS FL 34134          US</b>	Mailing Address <b>26445 BRICK LANE          BONITA SPRINGS FL 34134          US</b>
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2. Principal Place of Business <b>15400 Milan lane</b>	3. Mailing Address <b>15400 Milan lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples, Florida</b>	City & State <b>Naples, FL</b>	4. FEI Number <b>59-2740649</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34110</b>	Country <b>USA</b>	Zip <b>34110</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>GARLUCK, THOMAS B ESQ.          ANNIS, MITCHELL, COCKEY, EDWARDS &amp; ROEHN          8889 PELICAN BAY BLVD., STE 300          NAPLES FL 34108</b>	7. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>PD RUBINTON, JON 26445 BRICK LANE BONITA SPRINGS FL 34134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15400 Milan lane Naples, FL 34110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: **1/23/01** Daytime Phone #: **941 947-7888**

CR2E034 (10/00)