

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

0602207 AV

**DOCUMENT # J44088**

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

02-24-2002 90029 019 \*\*\*150.00

Principal Place of Business <b>15400 MILAN LANE          NAPLES FL 34110          US</b>	Mailing Address <b>15400 MILAN LANE          NAPLES FL 34110          US</b>
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2. Principal Place of Business <b>15449 Milan Way</b> Suite, Apt. #, etc.	3. Mailing Address <b>Same</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent <b>GARLICK, 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 <b>5051 Ridge Wood Dr Suite 101</b> City <b>Naples</b> FL Zip Code <b>34108</b>
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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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUBINTON, JON 15400 MILAN LANE NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></b> <b>15449 Milan Way 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: **SIGNATURE REQUIRED** **2/15/02** **941.592.0134**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)