

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90016 042 ***150.00

DOCUMENT # K62964

1. Entity Name
RONKIM, INC.

Principal Place of Business

**WHITE SANDS VET CLINIC
UNIT 207
BONITA SPRINGS FL 34134
US**

Mailing Address

**3300 BONITA BEACH RD
BONITA SPRINGS FL 33923
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**3300 Bonita Beach Rd
#207
Bonita Springs
34134**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0101549**

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

**MASON, RONALD G.
6030 WESTPORT LN
NAPLES FL 34116**

Name

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

City

FL

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

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RONALD G.	NAME	
STREET ADDRESS	6030 WESTPORT LN	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST	NAME	
STREET ADDRESS	MASON, PATRICIA L.	STREET ADDRESS	
CITY-ST-ZIP	6030 WESTPORT LN	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Patricia Mason **PATRICIA MASON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01 941 4959333

Date

Daytime Phone #

CR2E034 (10/00)