

DOCUMENT #

K64600

1. Entity Name

DON E. LESTER AND ASSOCIATES, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

2. Principal Place of Business

1061 COLLIER CENTER WAY

Suite, Apt. #, etc.

SUITE 5

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Address

1061 COLLIER CENTER WAY

Suite, Apt. #, etc.

SUITE 5

City & State

NAPLES, FL

Zip

34110

Country

USA

4. FEI Number

650113397

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

DON E. LESTER

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

1061 COLLIER CENTER WAY

SUITE 5

City

NAPLES

FL

Zip Code

34110

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

4-25-02

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 \$25.00

And may add fee will be \$50.00

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

TITLE	V	<input type="checkbox"/> Delete
NAME	DEAN C. LESTER	
STREET ADDRESS	9927 KONA ISLE CT.	
CITY-ST-ZIP	ORLANDO, FL 32813	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUZANNE F. LESTER	
STREET ADDRESS	4688 OAKLEAF	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHARLES D. WICKLIFFE	
STREET ADDRESS	27056 JARVIS ROAD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	P	<input type="checkbox"/> Delete
NAME	DON E. LESTER	
STREET ADDRESS	4688 OAKLEAF	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Office

257-593-1000
4-25-02FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90071 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)