

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42588

1. Entity Name

BONITA INDUSTRIAL PARK ADDITION II MANAGEMENT AS

Principal Place of Business

24831 OLD 41 RD
BONITA SPRINGS FL 34135
US

Mailing Address

24831 OLD 41 RD.
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0251180

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

SMITH, KENNETH
11000-7 METRO PKWY
FT. MYERS FL 33912

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME SD
STREET ADDRESS SMITH, KENNETH
CITY-ST-ZIP 11000 7 METRO PKWY
FT. MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS MEKEE, DAVID
CITY-ST-ZIP 24831 OLD 41 RD.
BONITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS CARVER, DOUGLAS
CITY-ST-ZIP 24840 BURNT PINE DR, STE 4
BONITA SPRINGS FL 34134

☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

DAVID MEKEE
DAVID MEKEE

1/31/01

941/991-0266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90291 024 ****61.25



DO NOT WRITE IN THIS SPACE