

2001 UNIFORM BUSINESS REPORT (UBR)

0541087

DOCUMENT # P00000046744

1. Entity Name
KJB PROPERTIES, INC.

FILED
01 APR 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

342 GERMAIN AVE
NAPLES FL 34108

Mailing Address

11216 TAMiami TRAIL N. PMB 233
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO BOX 111390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

4. FFL Number

593 66 4859

Applied For

Not Applicable

Zip

Country

34108

COLLIER

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

MIERENDORFF, KAY
342 GERMAIN AVE
NAPLES FL 34108

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.

(NOT)

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!
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 **D/P** ☐ Delete
NAME **MIERENDORFF, KAY**
STREET ADDRESS **11216 N TAMiami TRAIL PMB 233**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D/P/** ☒ Change ☐ Addition
NAME
STREET ADDRESS **342 GERMAIN AVE NAPLES FL 34108**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **500004192185** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
-05/09/01--01144--001
******793.75 ****158.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/15/01

Date

Daytime Phone #

941 598-3737

CR2E034 (10/00)