

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90052 001 ***150.00

DOCUMENT # P00000112035

1. Entity Name
JEMJULE ARTIQUES, INC.

Principal Place of Business

Mailing Address

**171 COMMERCIAL BLVD
 NAPLES FL 34104**

**171 COMMERCIAL BLVD
 NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

171 Commercial Blvd P O Box 9049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34104

Country

Zip

34101

Country

4. FEI Number

59-3684863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, WILHELMIN E. E
 171 COMMERCIAL BLVD
 NAPLES FL 34104**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, WILHELMIN 171 COMMERCIAL BOULEVARD NAPLES FL 34104	<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
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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:

WILHELMIN E. E. JOHNSTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

Date

941-403 9188

Daytime Phone #

CR2E034 (9/01)