

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112903

1. Entity Name

JEAN D. MOLHOEK, P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90083 008 ***150.00

Principal Place of Business

6000 PELICAN BAY BLVD., #1504
NAPLES FL 34108

Mailing Address

6000 PELICAN BAY BLVD., #1504
NAPLES FL 34108

2. Principal Place of Business

6000 PELICAN BAY BLVD.

Suite, Apt. #, etc.
#1504

City & State
NAPLES, FL

Zip
34108

Country
CDLLIEK

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3690708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLHOEK, JEAN D
6000 PELICAN BAY BLVD., #504
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES / CEO
JEAN D. MOLHOEK
6000 PELICAN BAY BLVD.
NAPLES, FL 34108

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

JEAN D. MOLHOEK

JEAN D. MOLHOEK

4-26-01

Date

941 596 3623

Daytime Phone #

CR2E034 (10/00)