

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

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 AV

03-18-2002 90051 048 ***150.00

DOCUMENT # P01000015110

1. Entity Name
JOSIE & ASSOCIATES, INC.

Principal Place of Business
11263 TAMiami TRAIL EAST
NAPLES FL 34113

Mailing Address
11263 TAMiami TRAIL EAST
NAPLES FL 34113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3697700

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MASON, MARNITA
5905 BERMUDA LANE
NAPLES FL 34119

Name **VICKI BRAUN**

Street Address (P.O. Box Number is Not Acceptable)
6570 BEACH RESORT DR. UNIT 11

City **NAPLES**

FL

Zip Code **34114**

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 Vicki Braun VICKI BRAUN 2-21-02
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BRAUN, THOMAS**
 CITY-ST-ZIP **6570 BEACH RESORT DR., UNIT 11**
NAPLES FL 34114

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MASON, VICKI**
 CITY-ST-ZIP **6570 BEACH RESORT DR., UNIT 11**
NAPLES FL 34114

TITLE ☒ Change ☐ Addition
 NAME **BRAUN, VICKI**
 STREET ADDRESS **6570 BEACH DRIVE UNIT 11**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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: Vicki Braun VICKI BRAUN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

941-775-0007

Date

Daytime Phone #

CR2E034 (9/01)