

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-25-2003 90107 036 \*\*\*150.00  
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AT

DOCUMENT # P01000052755

1. Entity Name  
KJ HOLDINGS OF FT. MYERS, INC.



FILED

03 AUG 29 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2341 WILLARD STREET  
FORT MYERS FL 33411

Mailing Address  
PO BOX 6735  
FT MYERS FL 33911

2. Principal Place of Business  
2341 Willard St  
Suite, Apt. #, etc.

3. Mailing Address  
3691 Evans Ave  
207  
Suite, Apt. #, etc.

City & State  
Fort Myers FL

City & State  
Ft. Myers, FL

4. FEI Number 52-2299920

Applied For  
Not Applicable

Zip 33401 Country Lee

Zip 33901 Country Lee

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BAPTISTE, KERLINE J  
6308 PANTER LANE #E4  
SUITE #301  
FORT MYERS FL 33919

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JEAN-BAPTISTE, KERLINE  
STREET ADDRESS 6308 PANTHER LANE APT E4  
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE VP  
NAME JEAN, SUZANNE  
STREET ADDRESS 2341 WILLARD STREET  
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TS TS  
Jean Baptiste 8/13/03 239 177-9582

CR2E034 (4/03)