

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91014 002 \*\*\*150.00

DOCUMENT # *PA3000115586*

1. Entity Name

Naples LJS, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

167 4th St. N.

Suite, Apt. #, etc.

3. Mailing Address

167 4th St. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number 20-0353504

Applied For  
Not Applicable

Zip  
34102

Country  
USA

Zip  
34102

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Gayle Sanders

Street Address (P.O. Box Number is Not Acceptable)

167 4th St. N.

City  
Naples

FL

Zip Code  
34102

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
W. N. Sanders (Title: P/T/S/D)  
11385 Montgomery Road, Suite 210  
Cincinnati, OH 45249

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/04* 513-605-4700  
Date Daytime Phone #

CR2E034B (12/02)