


**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 # *P03000115586*

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.
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DO NOT WRITE IN THIS SPACE

City & State Naples, FL	City & State Naples, FL	4. FEI Number 20-0353504	Applied For <input type="checkbox"/> 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 _____ (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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CR2E034B (12/02)

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]* **4/20/04** **513-605-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #