

FILED
Apr 03, 2002 8:00 am
Secretary of State
02-07-2002 90049 013 ***150.00

2 UNIFORM BUSINESS REPORT (UBR)

CUMENT # P94000001557

Name
JUCKS INTERNATIONAL, INC.

Principal Place of Business 275 AIRPORT ROAD S. NAPLES FL 34104 US	Mailing Address 275 AIRPORT ROAD S. NAPLES FL 34104 US
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2. Principal Place of Business 3550 Westview Dr #101 Suite, Apt. #, etc.	3. Mailing Address 3550 Westview Dr #101 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Naples, Florida	City & State Naples, Florida	4. FEI Number 13-3492819	Applied For <input type="checkbox"/> Not Applicable
Zip 34104	Zip 34104	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA	Country USA		

6. Name and Address of Current Registered Agent
RIDDLE, MELINDA P
4501 TAMIAHI TRAIL NORTH
SUITE 300
NAPLES FL 33940-3060

7. Name and Address of New Registered Agent
Name
NAPLES-LAWDOCK, INC.
Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail N, Ste 300
City
Naples FL Zip Code
34103

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 *Robert B. Lawson* **V.P. NAPLES - LAWDOCK, INC.** DATE 01/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWSON, ROBERT	NAME	LAWSON, ROBERT B.		
STREET ADDRESS	275 AIRPORT ROAD S.	STREET ADDRESS	3550 WESTVIEW DRIVE, #101		
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Robert B. Lawson* **SIGNATURE REQUIRED** DATE 01/11/02
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)