

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90119 045 ***150.00

DOCUMENT # P94000084164

1. Entity Name
DEL-JAK CORPORATION
INC.

Principal Place of Business
3080 TERRACE AVE
NAPLES FL 34104

Mailing Address
3080 TERRACE AVE
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0566997**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHARLES A. MURRAY, P.A.~~
~~1300 3RD ST. SOUTH~~
~~SUITE 902-B~~
~~NAPLES FL 33940~~

Name **JACK BRIDENTHAL**

Street Address (P.O. Box Number is Not Acceptable) **3709 SPRINGWOOD DR**

City **NAPLES**

FL

Zip Code **34104**

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 *Jack Bridenthal, Pres.*

DATE **1-31-02**

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)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **ACKERMAN, DELBERT H**
 STREET ADDRESS **875 GULFSHORE BLVD. S.**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~P~~ Delete
 NAME **BRIDENTHAL, JACK W**
 STREET ADDRESS **3709 SPRINGWOOD DRIVE**
 CITY-ST-ZIP **NAPLES FL 33942**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME ~~PENNY L. VITALE~~
 STREET ADDRESS **3709 SPRINGWOOD DR**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PATRICIA A. KUNGLE**
 STREET ADDRESS **1618 BOETTGER RD**
 CITY-ST-ZIP **UNIONTOWN, OHIO 44685**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JAY A. BRIDENTHAL**
 STREET ADDRESS **7350/E 21 PINNACLE PINES DR.**
 CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: *Patricia A. Kungle, Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-31-02**
 Date

DAYTIME PHONE # **941/774-7070**
 Daytime Phone #

CR2E034 (9/01)