

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90165 047 ***150.00

DOCUMENT # P94000084164

1. Entity Name
DEL-JAK CORPORATION




Principal Place of Business
**3080 TERRACE AVE
NAPLES FL 34104**

Mailing Address
**3080 TERRACE AVE
NAPLES FL 34104**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0566997** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIDENTHAL, JACK
3709 SPRINGWOOD DR
NAPLES FL 39104**

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 *Jack Bridenthal* DATE **1-6-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	BRIDENTHAL, JACK W	
STREET ADDRESS	3709 SPRINGWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	V	<input type="checkbox"/> Delete
NAME	VILAZE, PENNEY L VITALE	
STREET ADDRESS	3709 SPRINGWOOD DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUNGLER, PATRICIA A	
STREET ADDRESS	1616 BOETTLE RD	
CITY-ST-ZIP	UNIONTOWN OH 44685	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDENTHAL, JAY A	
STREET ADDRESS	7850 EZI PINNACLE PINES DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10060 COLUMBUS RD NE	
STREET ADDRESS	LOUISVILLE, OHIO 44641	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11351 CHATAHOOCHEE DR	
STREET ADDRESS	FORT MYERS 33917	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jack Bridenthal* DATE: **1-6-03** TIME: **2:39** PHONE: **974-7070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)