

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90139 032 ***150.00

DOCUMENT # P95000001508

1. Entity Name
RON BLOCK, INC.

Principal Place of Business

~~5250 CAROL WOOD DR.~~
~~NAPLES FL 34119~~
~~US~~

Mailing Address

~~5250 CAROL WOOD DR.~~
~~NAPLES FL 34119~~
~~US~~

911000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5250 Coral Wood Dr **5250 Coral Wood Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLA

City & State

Naples FLA

4. FEI Number **65-0552828**

Applied For

Not Applicable

Zip

34119

Country

Other U.S.

Zip

34119

Country

Other U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Ron Block

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

5250 Coral Wood Dr

City

Naples

FL

Zip Code

34119

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

Ron Block Pres.

1.26.2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BLOCK, RONALD A	
STREET ADDRESS	5250 CAROL WOOD DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.26.2001

Date

941.290.8592

Daytime Phone #

CR2E034 (10/00)