

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90033 040 ***150.00

DOCUMENT # P95000016857



1. Entity Name
JIM KERWIN, INC.

Principal Place of Business
**8249 ALLENDALE CT
NAPLES FL 34120
US**

Mailing Address
**8249 ALLENDALE CT
NAPLES FL 34120**



2. Principal Place of Business

11802 QUAIL VILLAGE WAY

3. Mailing Address

11802 QUAIL VILLAGE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number **65-0567521**

Applied For

Not Applicable

Zip
34119

Country
US

Zip
34119

Country
US

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

6. Name and Address of Current Registered Agent

**KERWIN, JAMES W
8249 ALLENDALE CT
NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name **JAMES W. KERWIN**

Street Address (P.O. Box Number is Not Acceptable)
11802 QUAIL VILLAGE WAY

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. I am familiar with, and accept the obligations of registered agent.

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

JAMES W. KERWIN

1/9/03
DATE

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **KERWIN, JAMES**
STREET ADDRESS **8249 ALLENDALE CT**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **S** ☐ Delete

NAME **KERWIN, KATE H**
STREET ADDRESS **8249 ALLENDALE CT**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **11802 QUAIL VILLAGE WAY**
STREET ADDRESS **NAPLES FL 34119**

TITLE ☒ Change ☐ Addition

NAME **11802 QUAIL VILLAGE WAY**
STREET ADDRESS **NAPLES FL 34119**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED **JAMES W. KERWIN, PRES.**

1/9/03 (239) 597-4445

Date

Daytime Phone #

CR2E034 (10/02)