

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054025

1. Entity Name

KIVA, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90122 043 ***150.00

Principal Place of Business

13356 ROSEWOOD LANE
SUITE 315
NAPLES FL 34119
US

Mailing Address

13356 ROSEWOOD LANE
SUITE 315
NAPLES FL 34119-8519
US

601358

2. Principal Place of Business

4201 GOLF SHORE BLVD N. 4201 GOLF SHORE BLVD N.
Suite, Apt. #, etc. 802 Suite, Apt. #, etc. 802

3. Mailing Address

4201 GOLF SHORE BLVD N. 4201 GOLF SHORE BLVD N.
Suite, Apt. #, etc. 802 Suite, Apt. #, etc. 802



DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number 65-0686741

Applied For
Not Applicable

Zip 34103 Country Collier

Zip 34103 Country Collier

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

D'JAMOOS, JOSEPH E
13356 ROSEWOOD LANE
SUITE 315
NAPLES FL 34119

Name
Street Address (P.O. Box Number is Not Acceptable)
4201 GOLF SHORE BLVD N.
802
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

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, 2000 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	D'JAMOOS, JOSEPH E	
STREET ADDRESS	13356 ROSEWOOD LANE	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4201 GOLF SHORE BLVD N.	
STREET ADDRESS	802	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

1/2/2000 941-290-7900

CR4E034 (9/99)