

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90037 040 \*\*\*150.00

**DOCUMENT # P96000072214**

**1. Entity Name**  
**RONTO DEVELOPMENTS OF FORT MYERS, INC.**

**Principal Place of Business**

**3185 HORSESHOE DR S**  
**FIRST FL**  
**NAPLES FL 34104**  
**US**

**Mailing Address**

**3185 HORSESHOE DR S**  
**FIRST FL**  
**NAPLES FL 34104**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0694697**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**SOLOMON, JACK**  
**3185 HORSESHOE DR S**  
**FIRST FL**  
**NAPLES FL 34104**

**7. Name and Address of New Registered Agent**

Name **Ken E. Bloom**

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

**3185 Horseshoe Dr. S.**

**First Floor**

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**

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

**Kenneth E. Bloom**

(NOTE: Registered Agent signature required when reinstating)

**4-25-02**

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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, JACK	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WELKS, KAREN E	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WELKS, KAREN E.	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MARK S.	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP, S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Solomon, Anthony P.	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinders, Jim M.	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, Dave	
STREET ADDRESS	3185 Horseshoe Dr. S.	
CITY-ST-ZIP	Naples, FL 34104	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02**

**9416496310**

CR2E034 (9/01)