2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90229 015 ***150.00

749236

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000021967

1. Entity Name
ANN MARIE ENTERPRISES, P.A.

Principal Place of Business	Mailing Address
4955 CASTELLO DR SUITE 640 NAPLES FL 34103 US	4955 CASTELLO DR SUITE 640 NAPLES FL 34103 US

2. Principal Place of Business		3. Mailing Address	
1056 Goodlette Road		1056 Goodlette Road	
Suite, Apt. #, etc.: Suite 203		Suite, Apt. #, etc.: Suite 203	
City & State: Naples, Fl		City & State: Naples, Fl	
Zip: 34102	Country: U.S.A.	Zip: 34102	Country: U.S.A.

4. FEI Number 59-3435045 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAVAOA, ROBERT B.
4955 CASTELLO DR
SUITE 640
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: ZAVADA, ROBERT B
Street Address (P.O. Box Number is Not Acceptable): 1056 Goodlette Road
Suite 203
City: Naples FL Zip Code: 34102

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] 4-16-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D ZAVADA, ROBERT B ~~4495 CASTELLO DRIVE~~ ~~NAPLES FL 34103~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1056 Goodlette Rd., Suite 203 Naples, Fl 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDINGER, KIM K ~~4495 CASTELLO DRIVE~~ ~~NAPLES FL 34103~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1056 Goodlette Rd., Suite 203 Naples, Fl 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4-16-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)