

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 010 ***150.00

DOCUMENT # P97000040738

1. Entity Name

NO JON VII, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 Ocean Reef Drive

Suite Apt. #, etc.

Suite A200

City & State

Key Largo, FL

Zip

33037

Country

USA

3. Mailing Address

31 Ocean Reef Drive

Suite Apt. #, etc.

Suite A200

City & State

Key Largo, FL

Zip

33037

Country

USA

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4. FEI Number

65-0841891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jay A. Hershoff

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

c/o Hershoff, Lupino, DeFoor & Gregg

90130 Old Highway

City

Tavernier

FL

Zip Code
33070

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of agent or person named in registration report and fee application.

Robert Gintel

4-28-02

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back)**

☒

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00.

Annual UBR is \$81.25

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
NAME
P/D
GINTEL, ROBERT
STREET ADDRESS
5 Bayridge Road
CITY-ST-ZIP
Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 authorized to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without a telephone number.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Robert T Gintel

4-28-02

DATE

Daytime Phone #

CR2E034B (12/01)