

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91696 029 ***150.00

DOCUMENT # P97000057204

1. Entity Name
KAMEN INVESTMENTS OF SOUTHWEST FLORIDA INC.

Principal Place of Business

~~5070 12TH AVE. S.W.~~
NAPLES FL 34116

Mailing Address

~~5070 12TH AVE. S.W.~~
NAPLES FL 34116

2. Principal Place of Business

1076 INDUSTRIAL
 Suite, Apt. #, etc.

3. Mailing Address

1076 INDUSTRIAL BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3460255

Applied For

Not Applicable

Zip

34104

Country

Collier

Zip

34104

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOURSE, MICHAEL E

~~5070 12TH AVE. S.W.~~
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **POTD** ☐ Delete
 NAME **NOURSE, MICHAEL E**
 STREET ADDRESS **5070 12TH AVE SW**
 CITY-ST-ZIP **NAPLES FL**

TITLE **VDSD** ☐ Delete
 NAME **NOURSE, KATHLEEN A**
 STREET ADDRESS **5070 12TH AVE SW**
 CITY-ST-ZIP **NAPLES FL 34116**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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, 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:

Michael E. Nourse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

941 262 7228

CR2E034 (9/01)