

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90269 014 ***150.00

DOCUMENT # P97000069492

1. Entity Name

JKW AND ASSOCIATES, INC.

Principal Place of Business

**522 EAST NEW MARKET ROAD
IMMOKALEE FL 34142**

Mailing Address

**P O BOX 3544
IMMOKALEE FL 34143
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

59-3462363

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WARFORD, JEANNE KAY
522 EAST NEW MARKET ROAD
IMMOKALEE FL 34142**

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, 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

TITLE **D** ☐ Delete
NAME **WARFORD, JEANNE KAY**
STREET ADDRESS **P.O. BOX 5123 N/A**
CITY-ST-ZIP **IMMOKALEE FL 34143**TITLE **D** ☐ Delete
NAME **BASS, TAMMY KAY**
STREET ADDRESS **P.O. BOX 578 N/A**
CITY-ST-ZIP **FELDA FL 33930**TITLE **D** ☐ Delete
NAME **PRICE, KATHERINE E**
STREET ADDRESS **PO BOX 5108**
CITY-ST-ZIP **IMMOKALEE FL 34143**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P. O. BOX 1025**
CITY-ST-ZIP **IMMOKALEE, FL 34143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(j), 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: Jeanne K. Warford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE K. WARFORD

4/17/01

Date

941-658-6158

Daytime Phone #

CR2E034 (10/00)