

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 033 ***150.00

DOCUMENT # P97000069492

1. Entity Name

JKW AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

522 EAST NEW MARKET ROAD

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 3544

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

IMMOKALEE, FLORIDA

City & State

IMMOKALEE, FLORIDA

4. FEI Number

59-3462363

Applied For

Not Applicable

Zip

34142

Country

U S A

Zip

34143

Country

U S A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WARFORD, JEANNE KAY

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

522 EAST NEW MARKET ROAD

IMMOKALEE, FLORIDA 34142

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
P D
WARFORD, JEANNE KAY
P. O. BOX 5123
IMMOKALEE, FL 34143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BASS, TAMMY KAY
P. O. BOX 578
FELDA, FL 33930

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PRICE, KATHERINE E
P. O. BOX 1052
IMMOKALEE, FL 34143

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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(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 on an attachment with an address, with all other like empowered.

SIGNATURE *Jeanne K Warford* JEANNE K. WARFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/02 239-658-6158

Date

Daytime Phone #

CR2E034B (12/01)