2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077025

1. Entity Name
MONARCH OF NAPLES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 10 AM 9:40

Principal Place of Business	Mailing Address
6580 BEACH RESORT DR. #4 NAPLES FL 34114	6580 BEACH RESORT DR. #4 NAPLES FL 34114-8585

DO NOT WRITE IN THIS SPACE

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 65-0808736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ERICKSON, WILLIAM C
1250 TAMIAMI TRAIL N #302
NAPLES FL 34102

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, 2000 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	DPT	☐ Delete
NAME	JURIGA, JAN	
STREET ADDRESS	6580 BEACH RESORT DR. #4	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VS	☐ Delete
NAME	JURIGA, MAGDALENA	
STREET ADDRESS	6580 BEACH RESORT DR. #4	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

AD

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: ______ 05/18/00
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

(JAN JURIGA) DIRECTOR