FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077025

1. Entity Name

MONARCHS OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6580 Beach Resort Drive		PO BOX 10024	
Suite, Apt. #, etc. #4		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34114	Country US	Zip 34101	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0803736 ☐ Applied For ☐ Not Applicable

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 William C. Erickson

Street Address (P.O. Box Number is Not Acceptable) 1250 Tamiami Trail N. #302

City Naples FL Zip Code 34102

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 William C. Erickson 4/12/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	DPT, Jan Juriga	TITLE / NAME	
STREET ADDRESS	6580 Beach Resort Dr. #4	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34114	CITY-ST-ZIP	
TITLE / NAME	VS, Magdelena Juriga	TITLE / NAME	
STREET ADDRESS	6580 Beach Resort Dr. #4	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34114	CITY-ST-ZIP	
TITLE / NAME		TITLE / NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE / NAME		TITLE / NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Jan Juriga (signature) Jan Juriga 4/12/01 941-263-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #