

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90461 016 ***150.00

DOCUMENT # P97000088237

1. Entity Name
RONTO DEVELOPMENTS PARKLANDS, INC.



Principal Place of Business
**3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES FL 34104
US**

Mailing Address
**3185 HORSESHOE DR. S.
FIRST FLOOR
NAPLES FL 34104
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3474808**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOOM, KEN E
3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	SOLOMON, JACK	3185 HORSESHOE DRIVE S	NAPLES FL 34104	<input type="checkbox"/>
VP	BENNETT, DAVE	3185 HORSESHOE DRIVE S	NAPLES FL 34104	<input type="checkbox"/>
VP	TAYLOR, MARK S.	3185 HORSESHOE DRIVE S	NAPLES FL 34104	<input type="checkbox"/>
VP	REINDERS, JIM M	3185 J HORSESHOE DR S	NAPLES FL 34104	<input type="checkbox"/>
ST	SOLOMON, ANTHONY P	3185 HORSESHOE DR S	NAPLES FL 34104	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY P. SOLOMON **SIGNATURE REQUIRED** ANTHONY P. SOLOMON 1/24/03 239.649.6310
Signature and typed or printed name of signing officer or director Date Daytime Phone #