

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91482 009 ***150.00

DOCUMENT # P97000104157

1. Entity Name
J.R.'S ADVENTURES AT CORKSCREW VILLAGE, INC.



Principal Place of Business
**21301 S. TAMiami TR. #380
ESTERO, FL 33928**

Mailing Address
**576 NEAPOLITAN LN.
NAPLES FL 34103
US**



2. Principal Place of Business
576 Neapolitan Ln.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip
34103 Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3481987** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOCHEN, GAIL C
576 NEAPOLITAN LN
NAPLES FL 34103**

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

SIGNATURE _____ (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

TITLE	PS	<input type="checkbox"/> Delete
NAME	JOCHEN, GAIL C	
STREET ADDRESS	576 NEAPOLITAN LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	RUPRECHT, E JANE	
STREET ADDRESS	576 NEAPOLITAN LN	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOCHEN, DAVID D	
STREET ADDRESS	8126 CALABRIA CT.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 239-649-7903
3/1/03 239-264-2225

Date Daytime Phone #

CR2E034 (10/02)