

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042179

1. Entity Name

J&J NAPLES ENTERPRISES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90035 049 ***150.00

Principal Place of Business

Mailing Address

1701 GULFSTAR DR., #101
NAPLES FL 34112

5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34133-0279
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0836111

Applied For
Not Applicable

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

AMBUM, JAMES W
5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 520

Name

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

28000 Spanish Wells Blvd

City Bonita Springs

FL

Zip Code 34135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME LUEDEMANN, RENATE F DR.
STREET ADDRESS 1701 GULFSTAR DR., #101
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE DPVT.
NAME LUEDEMANN, RENATE
STREET ADDRESS 1701 GULFSTAR DR. #101
CITY-ST-ZIP NAPLES, FL 34112 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DS
NAME MULACK JOCHEN
STREET ADDRESS 1701 GULFSTAR DR. #101
CITY-ST-ZIP NAPLES, FL 34112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-992-3355

CR 1.014 (9/99)