

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90077 004 ***150.00

DOCUMENT # P98000046477

1. Entity Name

KORNERSTONE EQUITIES CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business

Mailing Address

**3780 VIA DEDLEY
 SUITE A
 BONITA SPRINGS FL 33134
 US**

**3780 VIA DEDLEY
 SUITE A
 BONITA SPRINGS FL 33134
 US**

2. Principal Place of Business

3. Mailing Address

8900 BRIGHTON LANE

8900 BRIGHTON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS, FLORIDA

BONITA SPRINGS, FLORIDA

Zip

Country

Zip

Country

34135

US

34135

US

4. FEI Number

59-3521590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEYERS, DAVID
 3780 VIA DEL REY
 SUITE A
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **MEYERS, DAVID**

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

8900 BRIGHTON LANE

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

3.25.02

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, 2002 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	PS	<input type="checkbox"/> Delete
NAME	MEYERS, DAVID A	
STREET ADDRESS	3780 VIA DEL REY, SUITE A	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WITTER, AMANDA	
STREET ADDRESS	26056 CLARKSTON DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8900 BRIGHTON LANE	
CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8900 BRIGHTON LANE	
CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 34135	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3.25.02

Date

941-949-5913

Daytime Phone #

CR2E034 (9/01)