## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000076367 May 17, 2000 8:00 am Secretary of State 1. Entity Name JLK OF NAPLES, INC. 05-17-2000 90979 008 \*\*\*150.00 Mailing Address Principal Place of Business 5870 WASHINGTON ST., UNIT B 5870 WASHINGTON ST., UNIT B NAPLES FL 34109-1909 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address <u>10621 AIRP</u>ORT PULLING RD 10621 AIRPORT PULLING RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 6 SUITE 6 City & State City & State 4. FEI Number Applied For 59-3535136 IAPLES, FL NAPLES Not Applicable Country Country Zip 34109 \$8.75 Additional 5. Certificate of Status Desired 34109 COLLIER COLLIER Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOSS, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 1062 AIRPORT PULLING RD DOSS, RONALD E 5870 WASHINGTON ST., UNIT B NAPLES FL 34109 SUITE 6 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE Addition DOSS, RONALD E. 10621 AIRPORT PULLING ROAD, SUITE 6 NAME DOSS, RONALD E NAME STREET ADDRESS STREET ADDRESS 5870 WASHINGTON ST., UNIT B NAPLES, FL 34/09 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 PV57 **PVST** TITLE ☐ Change ☐ Delete POSS, RONALD E. NAME DOSS, RONALD E NAME 10621 AIRPORT PULLING ROAD, SUITE 6 STREET ADDRESS STREET ADDRESS 5870 WASHINGTON ST., UNIT B CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 of 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 suppowered to execute 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 others the embowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD HODE &-06

(941)566-2722

Daytime Phone #

CR2E034 (9/99)