

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076367

1. Entity Name

JLK OF NAPLES, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90060 033 \*\*\*150.00

Principal Place of Business

10621 AIRPORT PULLING RE  
STE 6  
NAPLES FL 34109

Mailing Address

10621 AIRPORT PULLING RE  
STE 6  
NAPLES FL 34109

2. Principal Place of Business

5870 WASHINGTON ST.

3. Mailing Address

5870 WASHINGTON ST.

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

UNIT B

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34109

Country

Zip

34109

Country

4. FEI Number

59-3535136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOSS, RONALD E  
10621 AIRPORT PULLING RD  
STE 6  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

DOSS, RONALD E

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

5870 WASHINGTON ST.

UNIT B

CITY  
NAPLES

FL

Zip Code  
34109

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOSS, RONALD E  
10621 AIRPORT PULLING ROAD, STE 6  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
DOSS, RONALD E  
10621 AIRPORT PULLING ROAD, STE 6  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOSS, RONALD E.  
5870 WASHINGTON ST., UNIT B  
NAPLES, FL 34109 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
DOSS, RONALD E.  
5870 WASHINGTON ST., UNIT B  
NAPLES, FL 34109 ☒ Change ☐ Addition

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

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

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

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

RONALD E. DOSS

Date

Daytime Phone #

CR2E034 (10/00)