## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Y

## May 20, 2002 8:00 am Secretary of State P98000076367 **DOCUMENT #** 1. Entity Name 05-20-2002 90019 036 \*\*\*150.00 JLK OF NAPLES, INC. Mailing Address Principal Place of Business 5870 WASHINGTON STREET 5870 WASHINGTON STREET LINIT B NAPLES FL 34109 NAPLES FL 34109 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE . Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3535136 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired ≓ Zip Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOSS, RONALD E 5870 WASHINGTON STREET UNIT B Zip Code FL City NAPLES FL 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible Added to Fees After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition 11. ☐ Change TITLE ☐ Delete TITLE NAME DOSS, RONALD E NAME STREET ADDRESS 5870 WASHINGTON STREET UNIT B STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete **PVST** TITLE NAME DOSS, RONALD E NAME STREET ADDRESS 5870 WASHINGTON STREET UNIT B STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with the employer of the employ CITY-ST-7IP 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or fustee emperation. changed, or on an attach

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