

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092875

1. Entity Name
JOMARO INVEST, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90951 042 ***150.00

Principal Place of Business

4910 TAMiami TRAIL N
STE 210
NAPLES FL 34103
US

Mailing Address

4910 TAMiami TRAIL N
STE 210
NAPLES FL 34103
US

2. Principal Place of Business

3511 CROWFUT CT

Suite, Apt. #, etc.

3. Mailing Address

3511 CROWFUT CT.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number 65-0636964

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J
4910 TAMiami TRAIL NORTH
STE 210
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name CASEY WOLFF, Esq.
Street Address (P.O. Box Number is Not Acceptable)
801 ANCHOR ROAD DR.
SUITE 203
City NAPLES FL Zip Code 34103

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 CASEY WOLFF, Esq.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

17 Mar 2001

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 D
NAME ZINSBERGER, JOSEF
STREET ADDRESS 3881 WINDWARD PASSAGE CIR, UNIT F-201
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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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 ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

PRESIDENT

3-15-01

941-482-5552

Date

Daytime Phone #

CR2E034 (10/00)

039477