

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000046464**1. Entity Name
JBMB OF NAPLES, INC.

Principal Place of Business

760 CLAREDON CT.

NAPLES
34109

FL

Mailing Address

760 CLAREDON CT.

NAPLES
34109

FL

2. Principal Place of Business
760 CLARENDON COURT3. Mailing Address
760 CLARENDON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES

FL

City & State
NAPLES

FL

4. FEI Number
59-3588870

Applied For

Not Applicable

Zip
34109

Country

Zip
34109

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUGHTON MICHELE M
760 CLAVENDON COURTNAPLES
34109

FL

US

7. Name and Address of New Registered Agent

Name

BOUGHTON MICHELE M

Street Address (P.O. Box Number is Not Acceptable)
760 CLARENDON COURTCity
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 **MICHELE M BOUGHTON****03/29/2001**

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	VST	<input type="checkbox"/> Delete
NAME	BOUGHTON JAMES E	
STREET ADDRESS	760 CLAREDON CT.	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOUGHTON MICHELE	
STREET ADDRESS	760 CLAREDON CT.	
CITY-ST-ZIP	NAPLES FL 34109	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUGHTON JAMES E	
STREET ADDRESS	760 CLARENDON COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUGHTON MICHELE	
STREET ADDRESS	760 CLARENDON COURT	
CITY-ST-ZIP	NAPLES FL 34109	
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		
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: **Michele M Boughton**

Pres

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)