

FILED
May 21, 2003 8:00 am
Secretary of State

04-30-2003 90049 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V11294

1. Entity Name
BIO-VIM OF NAPLES, INC.



Principal Place of Business
1010 FIFTH AVENUE SOUTH
STE 300
NAPLES FL 34102
US

Mailing Address
P.O. BOX 7369
NAPLES FL 34101
US

55042656



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0313408

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOONER, ANTON E.
1010 5TH AVENUE SOUTH
STE 300
NAPLES FL 34102

Name
Eugene C. Dooner
Street Address (P.O. Box Number is Not Acceptable)
5386 Sycamore Drive
City Naples, FL 34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eugene C. Dooner

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DOONER, ANTON E. 1010 5TH AVE. S. STE. 300 NAPLES FL 34102	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, NANCY DOONER 1010 5TH AVE. S. STE 300 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOONER, JOAN E. 1010 5TH AVE. S. STE 300 NAPLES FL 34102	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Eugene C. Dooner 5386 Sycamore Drive Naples, Florida 34119	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres., Treas. & Dir.	☒ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene C. Dooner
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/27/03

CR2E034 (10/02)