FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** V69475 1. Entity Name JEGO OF NAPLES, INC. 04-09-2002 91182 008 ***150.00 Principal Place of Business Mailing Address 1991 HUNTER BOULEVARD 1991 HUNTER BOULEVARD NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0364917 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Name BEACH, CATHERINE J Street Address (P.O. Box Number is Not Acceptable) 1991 HUNTER BOULEVARD NAPLES FL 34116 City Zip Code 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. **S**#GNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE ☐ Addition ☐ Change BEACH, CATHERINE J NAME NAME 1991 HUNTER BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-7IP* NAPLES FL 34116 CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE Change ☐ Addition NAME GUIDRY, CLAIRE J NAME STREET ADDRESS 1734 CARDINAL RD STREET ADDRESS JONESBORO GA 30236 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEACH, CATHERINE J NAME NAME STREET ADDRESS 1991 HUNTER BOULEVARD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STRECKFUSS, GERALDINE J NAME 1178-A AGRYLL CIRCLE STREET ADDRESS STREET ADDRESS LAKEWOOD NJ 08701 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #