

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000002890**1. Entity Name
J. GOMEZ, INC.

Principal Place of Business

2255-A RENAISSANCE DR

LAS VEGAS

89119

NV

US

Mailing Address

1100 5TH AVE. SOUTH, #401

NAPLES

34102

FL

2. Principal Place of Business

3. Mailing Address

1100 FIFTH AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

City & State

NAPLES

FL

Zip

Country

Zip

Country

34102

US

4. FEI Number

88-0343071

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01/23/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME GOMEZ BRUCE
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE D ☒ Change ☐ Addition
NAME GOMEZ BRUCE J
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE D ☐ Delete
NAME GOMEZ BARRY
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE VD ☒ Change ☐ Addition
NAME GOMEZ BARRY J
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE VSTD ☐ Delete
NAME TACKETT JACK
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE VSTD ☒ Change ☐ Addition
NAME TACKETT JACK O
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE PD ☐ Delete
NAME GOMEZ JACK
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE PD ☒ Change ☐ Addition
NAME GOMEZ OSCAR J
STREET ADDRESS 1100 5TH AVE. SOUTH, #401
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: JACK O TACKETT

VSTD

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)