

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90138 019 ***150.00

DOCUMENT # G34465

1. Entity Name

I & J OF LEE COUNTY, INC.

Principal Place of Business

**12697 NEW BRITTANY BLVD.
 FT MYERS FL 33907**

Mailing Address

**12697 NEW BRITTANY BLVD.
 FT MYERS FL 33907**

911633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2280683**

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

**INSKEEP, JENNIFER E
 13610 BRYNWOOD LANE, SE
 FT. MYERS FL 33912**

Name

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

5430 Harbour Castle Drive

Fort Myers

FL

Zip Code 33907

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)

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 **PSDT** ☐ Delete
 NAME **INSKEEP, JENNIFER E.**
 STREET ADDRESS **13610 BRYNWOOD LANE, SE**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☒ Change ☐ Addition
 NAME **5430 Harbour Castle Drive**
 STREET ADDRESS **Fort Myers, FL 33907.**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **JOHNSON, A. K**
 STREET ADDRESS **15771 WINDWARD WAY CIR., #4201**
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ Change ☐ Addition
 NAME **5430 Harbour Castle Dr**
 STREET ADDRESS **Ft. Myers, FL 33907**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 2001 (941) 939-5161
 Date Daytime Phone #

CR2E034 (10/00)