

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006938

1. Entity Name
J.G. ASSOCIATES, INC. ARCHITECT

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90071 029 ***150.00

Principal Place of Business
~~9250 COLLEGE PKWY, STE. 1A~~
~~FT. MYERS FL 33919~~
12901 MCGREGOR BLVD, SUITE 20
FT. MYERS, FL. 33919

Mailing Address **SAME**
~~9250 COLLEGE PKWY, STE. 1A~~
~~FT. MYERS FL 33919~~

2. Principal Place of Business
12901 MCGREGOR BLVD.

3. Mailing Address
12901 MCGREGOR BLVD

Suite, Apt. #, etc.
SUITE 20

Suite, Apt. #, etc.
SUITE 20

City & State
FT. MYERS, FL.

City & State
FT. MYERS, FL.

Zip
33919

Country
USA

Zip
33919

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
☒ Not Applicable

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

D'ANGELO, JERRY
9250 COLLEGE PKWY, STE. 1A
FT. MYERS FL 33919

Name D'ANGELO, JERRY

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

12901 MCGREGOR BLVD, SUITE 20

City FT. MYERS, FL FL 33919

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 Jerry D'Angelo JERRY D'ANGELO

4.25.01

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 PRINCIPAL ☐ Delete
NAME JERRY D'ANGELO
STREET ADDRESS 12901 MCGREGOR BLVD, SUITE 20
CITY-ST-ZIP FT. MYERS, FL. 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ 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 prepare 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: Jerry D'Angelo JERRY D'ANGELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.01

Date

941.437.
2130

Daytime Phone #

CR2E034 (10/00)