

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90088 009 ***150.00

0396621

DOCUMENT # P00000026229

1. Entity Name
JACK'S ALL TRADE INC.

Principal Place of Business

Mailing Address

**764 100TH AVE. NORTH
 NAPLES FL 34108**

**853 VANDERBILT BEACH RD.
 #261
 NAPLES FL 34108**

719393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

853 VANDERBILT BEACH RD.

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

261

City & State
NAPLES, FLORIDA

City & State

4. FEI Number

59-3628846

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

U.S.A.

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

**MILLER, JACK C
 764 100TH AVE. NORTH
 NAPLES FL 34108**

Name

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

853 VANDERBILT BEACH RD

SUITE 261

City **NAPLES**

FL

Zip Code **34108**

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 **PD** Delete
 NAME **MILLER, JACK C**
 STREET ADDRESS **764 100TH AVE. NORTH**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **P. VP. S. T. D** Change Addition
 NAME
 STREET ADDRESS **853 VANDERBILT BEACH RD 261**
 CITY-ST-ZIP **NAPLES, FL. 34108**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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)(f), 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 C. MILLER** *Jack C Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2001

Date

941-445-5988

Daytime Phone #

CR2E034 (10/00)