

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90016 013 \*\*\*150.00

**DOCUMENT # P00000099094**

**1. Entity Name**  
**JAZZPER CAPITAL, INC.**

**Principal Place of Business**

**3185 HORSESHOE DR-S**  
**NAPLES FL 34104**

**Mailing Address**

**3185 HORSESHOE DR-S**  
**NAPLES FL 34104**

**2. Principal Place of Business**

**870 BALD EAGLE DR.**

**3. Mailing Address**

**870 BALD EAGLE DRIVE**

**Suite, Apt., #, etc.**

**SUITE 6B**

**Suite, Apt., #, etc.**

**SUITE 6B**

**City & State**

**MARCO ISLAND FL**

**City & State**

**MARCO ISLAND FL**

**Zip**

**34145**

**Country**

**USA**

**Zip**

**34145**

**Country**

**USA**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PRICE, R. SCOTT**

**2640 GOLDEN GATE PKWY, STE 115**

**NAPLES FL 34105**

**7. Name and Address of New Registered Agent**

**Name PRICE, R. SCOTT, CHEFFY PASSIDOMO**

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

**821 FIFTH AVENUE SOUTH, SUITE 201**

**City NAPLES**

**FL**

**Zip Code 34102**

**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, 2002 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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PERKINS, JOHN</b>	
<b>STREET ADDRESS</b>	<b>3185 HORSESHOE DR-S</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34104</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BENNETT, DAVID</b>	
<b>STREET ADDRESS</b>	<b>8099 PALAMINO DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34113</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SOLOMON, JACK</b>	
<b>STREET ADDRESS</b>	<b>3185 HORSESHOE DR S</b>	
<b>CITY-ST-ZIP</b>	<b>NAPLES FL 34104</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1003 ANGLERS COVE, SUITE K 304</b>
<b>CITY-ST-ZIP</b>	<b>MARCO ISLAND FL 34145</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PERKINS** **JANUARY 21, 2002** **941-389-7474**

CR2E034 (9/01)