

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90022 013 \*\*\*150.00

**DOCUMENT # P01000014112**

**1. Entity Name**  
**J. ALEX DEMARCO, INC.**

**Principal Place of Business**  
**788 PARK SHORE DR. #G-10**  
**NAPLES FL 34103**

**Mailing Address**  
**788 PARK SHORE DR. #G-10**  
**NAPLES FL 34103**

**2. Principal Place of Business** **24138 Production Circle** **3. Mailing Address** **24138 Production Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**Bonita Springs, FL.**

**City & State**  
**Bonita Springs, FL.**

**4. FEI Number**  
**65-1081506**

**Applied For**  
**Not Applicable**

**Zip**  
**34135**

**Country**  
**U.S.**

**Zip**  
**34135**

**Country**  
**U.S.**

**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**

**SCHNEIDER, JANE**  
**8525 TAMARA CT**  
**BONITA SPRINGS FL 34135**

**Name**  
**Jaime L. DeMarco**

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

**2080 River Reach Drive #53**

**City** **Naples** **FL** **Zip Code** **34104**

**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.**

**Jaime L. DeMarco, Secretary/Treasurer** **01-10-02**  
**SIGNATURE** *Jaime L. DeMarco* *Secretary/Treasurer* **01-10-02**  
\* Signature, type 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**

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

**TITLE** **Secretary/Treasurer** ☒ **Delete**  
**NAME** **Jane Schneider**  
**STREET ADDRESS** **8525 Tamara Ct**  
**CITY-ST-ZIP** **Bonita Springs, FL. 34135**

**TITLE** **Secretary/Treasurer** ☒ **Change** ☐ **Addition**  
**NAME** **Jaime L. DeMarco**  
**STREET ADDRESS** **2080 River Reach Dr. #53**  
**CITY-ST-ZIP** **Naples, FL. 34104**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **Vice President** ☐ **Change** ☒ **Addition**  
**NAME** **Jason S. DeMarco**  
**STREET ADDRESS** **27107 Matheson Ave. #103**  
**CITY-ST-ZIP** **Bonita Springs, FL. 34135**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
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**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:** *Jaime L. DeMarco*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01-10-02** **(941) 949-6799**  
**Date** **Daytime Phone #**

CR2E034 (9/01)