

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90116 036 \*\*\*150.00

**DOCUMENT # P01000014112**

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



Principal Place of Business  
**24138 PRODUCTION CIRCLE  
BONITA SPRINGS FL 34135**

Mailing Address  
**24138 PRODUCTION CIRCLE  
BONITA SPRINGS FL 34135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1091506**

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

**DEMARCO, JAIME L  
2080 RIVER REACH DRIVE #53  
NAPLES FL 34104**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **DEMARCO, JAMIE L**  
STREET ADDRESS **2080 RIVER REACH DR. #53**  
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **VP** ☐ Delete  
NAME **DEMARCO, JASON S**  
STREET ADDRESS **27107 MATHESON AVE. #103**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jaime L. DeMarco, S/T 03-25-03 (239) 949-679**  
Date Daytime Phone #

CR2E034 (10/02)



Department of the Treasury  
Internal Revenue Service

CINCINNATI, OH 45999

*Attachment*

In reply refer to: 1765837219  
Sep. 25, 2001 LTR 147C  
65-1091506 000000 00

01202

*70032964*

*#P01000014112*

J ALEX DEMARCO INC  
~~J ALEX EXCAVATORS~~ D.B.A. Apollo Excavating  
~~8525 TAMARA CT~~ 24138 Production Circle  
BONITA SPGS FL 34135-4227252

Employer Identification Number: 65-1091506  
IRS Control Number:

Dear Taxpayer:

We received your Form 2290V without a correct Employer Identification Number (EIN). According to our records your EIN shown above. Please use this number on all future correspondence relating to this account.

If you have any questions, please call Ms. Marsha Lesesne at 859 669-2063 between the hours of 8:00 AM and 4:00 PM EDT. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Alan Berger*

Alan Berger  
Chief, Research and Perfection Br.

Enclosure(s):  
Copy of this letter