

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90006 032 ***150.00

DOCUMENT # P01000027952

1. Entity Name
J C ENTERPRISES OF COLLIER COUNTY, INC.

Principal Place of Business
688 PALM STREET WEST
GOODLAND FL 34140

Mailing Address
688 PALM STREET WEST
GOODLAND FL 34140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
323 Peltit Drive

3. Mailing Address
PO Box 32

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Goodland FL

City & State
Goodland FL

Zip
34140

Zip
34140

Country
USA

Country
USA

4. FEI Number
59-3720118

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARTWRIGHT, JOHN A
688 PALM STREET WEST
GOODLAND FL 34140

7. Name and Address of New Registered Agent

Name **CARTWRIGHT JOHN A**
 Street Address (P.O. Box Number is Not Acceptable)
323 Peltit Dr
 City **Goodland** FL Zip Code **34140**

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 *John A. Cartwright*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/5/04**

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 NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT, JOHN A 688 PALM STREET WEST GOODLAND FL 34140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT JOHN A 323 Peltit Dr Goodland, FL 34140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John A. Cartwright*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/5/02** DAYTIME PHONE # **800 814 6330**

CR2E034 (9/01)