

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029572

1. Entity Name
J.A. PORTER, INC.Principal Place of Business
1506 SW 43RD TERR.
CAPE CORAL FL 339142. Principal Place of Business
1506 SW 43 TERRACE
Suite, Apt. #, etc.
CAPE CORAL FL
City & State
33914 USA3. Mailing Address
1506 SW 43 TERRACE
Suite, Apt. #, etc.
CAPE CORAL FL
City & State
33914 USA4. FEI Number
65-1097262
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

7. Name and Address of New Registered Agent

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 State10. 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
PRESIDENT
JULIE PORTER
1506 SW 43 TERRACETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAPE CORAL FL 33914TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JAMES PORTER
1506 SW 43 TERRACETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CAPE CORAL FL 33914TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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: *JULIA PORTER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 941-549-1491

Date

Daytime Phone #

CR2E84 (5/01)