

FILED  
May 13, 2003 8:00 am  
Secretary of State

05-13-2003 90047 050 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000056851

1. Entity Name  
JSFAWCETT.INC



90133451

Principal Place of Business  
330 COUNTRY CLUB DRIVE  
TEQUESTA, FL 33469

Mailing Address  
P.O. BOX 3179  
TEQUESTA, FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Tequesta, FL

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1110486

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

FAWCETT, JOHN S  
330 COUNTRY CLUB DRIVE  
TEQUESTA, FL 33469

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 date if applicable.

(MORE Registered Agent signatures required when existing)

DATE



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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>FAWCETT, MICHELLE M<br>330 COUNTRY CLUB DRIVE<br>TEQUESTA, FL 33469 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>FAWCETT, JOHN S<br>330 COUNTRY CLUB DRIVE<br>TEQUESTA, FL 33469     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                          | <input type="checkbox"/> Delete |

|                                                    |  |                                                                   |
|----------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

John S. Fawcett

JOHN S FAWCETT

05/07/03

561 248 9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Product #

CR2EC04 (10/02)

Attn: Attachment  
Reinstatement Section

John S. Fawcett

9013 3451

P01000056851

**From:** corphelp [corphelp@dos.state.fl.us]

**Sent:** Wednesday, May 07, 2003 8:56 AM

**To:** 'John S. Fawcett'

**Subject:** RE: UBR FILING NEVER RECEIVED DOC IN MAIL????

We can not provide the access code by e-mail. Please download a form on our website and mail it in along with a check for \$150.00. The sooner you mail this in, the better your chances of avoiding the late fee, thank you.

Doug  
Internet Access

-----Original Message-----

**From:** John S. Fawcett [mailto:john@cartrans.com]

**Sent:** Wednesday, May 07, 2003 7:32 AM

**To:** corphelp@mail.dos.state.fl.us

**Cc:** feedback@cartrans.com

**Subject:** UBR FILING NEVER RECEIVED DOC IN MAIL????

Good morning,

We never recieved the renewal documents in the mail and therefore missed the closing date of May 1 to file.

Please provide us with the DOC number for the following CORP so we can file on-line.

Is there any waiver of the \$400.00 penalty under these circumstances??

Company: JSFAWCETT, INC FEIN: 65-1110486

Michelle M Fawcett, PRES

John S. Fawcett, VPRES

330 Country Club Drive

Tequesta, FL 33469

561-248-9620

Thank you  
Michelle M. Fawcett

Per Doug,  
Downloaded UBR form attached