

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075849

1. Entity Name  
JAMES CORRELL COMPANY INC.  
COMPANY

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

08-25-2002 90207 001 \*\*\*\*\*8.75  
08-25-2002 90207 002 \*\*\*550.00

Principal Place of Business Mailing Address  
111 ANCHORAGE ST 111 Mid Island Dr. 111 ANCHORAGE ST 111 Mid Island Dr.  
FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931



2. Principal Place of Business 3. Mailing Address  
111 Mid Island Dr. 111 Mid Island Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Ft. Myers Beach, FL Ft. Myers Beach, FL  
Zip Country Zip Country  
33931 Lee 33931 Lee

4. FEI Number Applied For  
65-1142704 Not Applicable

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

6. Name and Address of Current Registered Agent  
CORRELL, JAMES  
111 ANCHORAGE ST 111 Mid Island Dr.  
FT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent  
Name: CORRELL, JAMES  
Street Address (P.O. Box Number is Not Acceptable)  
111 Mid Island Dr.  
City Ft. Myers Beach FL Zip Code 33931

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 8-20-02  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
TITLE D  
NAME CORRELL, JAMES  
STREET ADDRESS 111 ANCHORAGE ST 111 Mid Island Dr.  
CITY-ST-ZIP FT MYERS BEACH FL 33931

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
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 empowerments.

SIGNATURE: James E. Correll  
8-20-02 239-848-7018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)